



PERIODIC ESTIMATE FOR PARTIAL PAYMENT

PPA No.: __-__ Date: _____
 Period From: _____ To: _____
 Pay Estimate No.: _____

Project Title: _____
 Location: Montana State University

Contractor: _____
 Address: _____
 Phone: _____

RETAINAGE ADJUSTMENT	
1. Total Retainage to Date:	
2. Less Securities Deposited:	
3. Retainage Withheld (1 - 2)	

CONTRACT AMOUNT STATUS	
1. Original Contract Amount:	
2. Net +/- by Change Order:	
3. Contract Amount to Date:	

CHANGE ORDER SUMMARY			
No.	Date Approved	Additions	Deductions
TOTALS:			
NET TOTAL:			

CONTRACT STATUS	
1. Work in Place (from next page):	
2. Total Work & Stored Material:	
3. Retainage Withheld:	
4. Total Earned Less Retainage:	
5. Less Previous Payments (+ 1 % Tax):	
6. Amount Due This Payment:	
7. Less 1% State Contractor's Tax:	
8. Payment Due Contractor:	

I hereby certify that this submitted request for payment is correct, true and just in all respects and that payment or credit has not previously been received. I further warrant and certify by submission of this request that all previous work for which payment has been received is free and clear of all liens, disputes, claims, security interests, encumbrances, or causes of action of any type or kind in favor of the contractor, subcontractors, material suppliers, or other persons or entities and do hereby release the Owner from such.

Submitted by: _____ Date: _____
 (Company/Contractor) (Name)

Reviewed by: _____ Date: _____
 (Consultant) (Name)

Approved by: **State of Montana, Montana State University** Date: _____
Facilities Planning, Design and Construction (Name) **SHEET No. 1 OF 2 SHEETS**

