



PROGRESS PAYMENT FORM FOR PRIME CONTRACTORS/CONSULTANTS

For use by all city agencies and departments for construction and professional services contracts.

To be completed by the prime contractor/consultant and be submitted each time a payment is requested.

Project Name	Name of Prime Contractor/Consultant
Project Number	Address
	Phone

Subcontractors/Sub-consultants & Suppliers/Services	Original Contract Amount	Change Order \$ Amounts	Total Contract Amount	Total Payment to date	Payment for this period	Balance Remaining in Project

Under penalty of perjury the undersigned agrees that the forgoing information is true and correct.

Name and Title _____ Date _____