UNIVERSITY OF CENTRAL FLORIDA CERTIFICATE OF PARTIAL PAYMENT

Application No: _____ UCF Project No: _____ UCF PO No: _____

Contractor Name: _____ Project: _____

Remittance Address: _____

Contract Time (calendar days): _____ No. of Days Elapsed to Date: _____

	Additions	Deductions
Change Orders Approved to Date		
Net Amount of Change Orders		

ORIGINAL CONTRACT SUM	
ADJUSTED CONTRACT SUM	
BALANCE TO FINISH	
COMPLETED TO DATE	
MATERIALS STORED	
TOTAL COMPLETED AND STORED	
LESS RETAINAGE (%)	
TOTAL	
LESS PREVIOUS PAYMENTS	
AMOUNT THIS CERTIFICATE	

CERTIFICATION BY CONTRACTOR: According to the best of my knowledge and belief, I certify that all items and amounts shown on the face of this Application are correct, that all Work has been performed and material supplied in full accordance with the terms and conditions of the Contract, and that all just and lawful bills against me an my Subcontractors for labor and equipment employed in the performance of this Contract have been paid in full in accordance with the terms and conditions. I further certify that all Subcontractors providing service for the Work are licensed according to the requirements of the State of Florida.

Date: _____ Contractor: _____

STATE OF FLORIDA, COUNTY OF _____

Subscribed and sworn before me this _____ day of _____ 20_____

Notary Public: _____ Commissions Expires: _____

CERTIFICATION OF ARCHITECT/ENGINEER: I certify that I have checked and verified this Progress Payment Application; that to the best of my knowledge and belief the above application is a true statement of the value of the Work performed and the materials suitably stored on the site; that all Work and materials included in this Certificate have been observed by me or by my authorized assistants; that all Work has been formed and materials supplied in full accordance with the terms of this Contract, and I approve for payment the amount noted above.

Date: _____ _____

Architect/Engineer

Reviewed and recommend for payment by Owner's representative.

Date: _____ _____