

CONTRACTOR'S PAYMENT SUMMARY		
PART 1: CONTRACTOR PAYMENT REQUEST (To be completed by Contractor)		
AGENCY CONTRACT NO: COMPTROLLER REGISTRATION NO:		
PAYMENT NO: 1	(Partial/Substantial/Final)	
a. Cost of All Contract Work Payable to Date	\$	(a)
b. Cost of all registered Change Order Work Payable		(b)
c. Amount Due for Stored Material		(c)
d. Total Amount to Date (a + b + c)		(d)
e. Retained Percentage	\$	(e)
Partial = 5% or 10% (as per contract)		
Substantial Completion = 1% + 2 x Punch		
Final = 1% or Final = 0%, if guarantee rele		(f)
f. Total Work Previously Certified g. Payment due this Estimate (d - e - f)		(f) (g)
g. Fayment due this Estimate (d - e - 1)	Ψ	(9)
PART 2: (To be completed by Agency)		
h. Less Amount Withheld, Reason:	\$	(h)
i. Liquidated Damages	\$	(i)
j. Net Amount due this estimate (g - h - i)	\$	(j)
(Contractor to be advised of any withholdings fro	om lines h or i)	
I (we) certify that all items, units, quantities and prices of work and material shown on this estimate are correct; that all work has been performed and material supplied in full accordance with the terms and conditions of the contract between Department of Parks and Recreation of the City of New York and		
PART 4: RESIDENT ENGINEER'S CERTIFICATE		
I certify that I have verified this estimate and that to the best of my knowledge and belief it is a true and correct statement of the work performed and materials supplied by the contractor, and that all work and material included in this estimate have been inspected by me or my duly authorized assistants and have found to comply with the terms and conditions of the corresponding construction contract documents and authorized changes thereto. I further certify that I have verified that certificates of non-discrimination have been obtained from the contractor and all subcontractors who performed any work covered by this payment.		
RE Printed Name: RE Pho	one #: Consultant Firm (if a	pplicable):
Resident Engineer Signature:	Date:	
If Consultant signature above, Accepted by Agency Employee:		
Name and Signature:	Date:	