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UNIVERSITY OF CENTRAL FLORIDA CERTIFICATE OF PARTIAL PAYMENT

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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 and 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: