

**DUVAL COUNTY PUBLIC SCHOOLS
CONTRACTOR APPLICATION FOR PAYMENT CHECKLIST**

DCPS PROJECT # AND NAME:

ARCHITECT/ENGINEER:

CONTRACTOR:

**The following items and information are to be submitted with the Contractor’s pay request:
(Contractor to complete, initial, and sign. A/E to verify, initial, and sign.)**

<u>Contractor Initial</u>	<u>A/E Initial</u>	
_____	_____	1. Owner identified
_____	_____	2. Contractor identified
_____	_____	3. Contract purpose identified
_____	_____	4. Project name identified
_____	_____	5. School name and number identified
_____	_____	6. A/E identified
_____	_____	7. Application number identified
_____	_____	8. Period identified
_____	_____	9. Project number identified
_____	_____	10. Contract date identified
_____	_____	11. Distribution identified
_____	_____	12. All dollar amounts indicated are correct (checked by A/E)
_____	_____	13. Change order table complete & correct (when applicable)
_____	_____	14. Contractor signature and date present
_____	_____	15. Notary signature, date, and stamp present
_____	_____	16. A/E amount certified present
_____	_____	17. A/E firm identified
_____	_____	18. A/E signature and date present
_____	_____	19. Schedule of values present (page 2)
_____	_____	20. Contractor purchase order or activation present
_____	_____	21. OEO form present
_____	_____	22. Project schedule present

Contractor signature _____ **Date** _____

Architect/Engineer signature _____ **Date** _____