DMB-440 (Rev 02/12) PSC Electronic

PAYMENT REQUEST

VOUCHER NO.

Input application for payment number

SUBMIT PAYMENT TO: DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
DESIGN & CONSTRUCTION DIVISION
SECOND FLOOR, STEVENS T MASON BUILDING
PO BOX 30026, LANSING, MICHIGAN 48909

THIS FORM IS REQUIRED FOR USE BY PROFESSIONAL SERVICE AND CONSTRUCTION CONTRACTORS ON CAPITAL OUTLAY PROJECTS TO RECEIVE PAYMENT. AUTHORITY: 1984 PA 431

INSTRUCTIONS TO CONTRACTOR: 1) SUBMIT YOUR BILLINGS ON THIS FORM USING COLOR CODING BELOW. USE SEPARATE REQUEST FORM FOR EACH CONTRACT ORDER. 2) FILL IN ALL APPROPRIATE FIELDS, AUTHORIZED AMOUNT*, PREVIOUSLY REQUESTED*, AND AMOUNT OF THIS REQUEST*. ALL OTHER FIELDS ARE CALCULABLE. 3) AUTHORIZED SIGNATURE MUST APPEAR ON ALL PAYMENT REQUESTS. 4) FORWARD THREE COLOR CODED COPIES OF PAYMENT REQUEST FORM TO ADDRESS ABOVE. RETAIN A COMPLETE COPY FOR YOUR RECORDS.

DEPARTMENT OR AGENCY	DATE	CONTRACT NUMBER
Department or Agency	**Today's Date**	Y **Contract Number**
NAME AND ADDRESS OF PSC/CONTRACTOR	INDEX NUMBER(S)	FILE NUMBER
Firm's Name	**Index Number(s)**	**File Number**
Firm's Address 1	FEDERAL ID NUMBER (IF NONE, SOCIAL SECURITY NUMBER). THIS IS REQUIRED FOR BILLING AND TAX PURPOSES. PROCESSED WITHOUT THIS INFORMATION:	
Firm's Address 2		
Firm's City, ST Zip	**Firm's ID No.**	

Y, Index, & File No. can be found on the Contract Order

DEPARTMENT CERTIFICATION: I CERTIFY THAT THE SERVICES REPRESENTED BY THIS PAYMENT REQUEST WERE PROPERLY AUTHORIZED AND ARE FOR A PURPOSE INCLUDED WITHIN THE APPROPRIATION OR AS OTHERWISE PROVIDED BY LAW. THE AMOUNTS ARE CORRECT AND PROPER AND ARE APPROVED FOR PAYMENT.

CONTRACTOR'S CERTIFICATION: I CERTIFY THAT THE SERVICES LISTED BELOW ARE PROPER CHARGES AGAINST THE STATE OF MICHIGAN

SIGNATURE OF AUTHORIZED DEPARTMENTAL AGENT

SIGNATURE OF PSC/CONTRACTOR

SIGN HERE

GIVE COMPLETE DESCRIPTION OF SERVICES RENDERED AS IT APPEARS ON THE CONTRACT ORDER

Professional Services For: **Insert Scope of Work as it appears in the Contract Order**

Project Phase		Authorized Amount*	Earned to Date	Previously Billed*	Remaining Balance	% Cmplt	Amount of This Request*
100	Study	$0.00	$0.00	$0.00	$0.00		$0.00
100	Reimb	$0.00	$0.00	$0.00	$0.00		$0.00
200	Anayls	$0.00	$0.00	$0.00	$0.00		$0.00
200	Reimb	$0.00	$0.00	$0.00	$0.00		$0.00
300	Schen	$0.00	$0.00	$0.00	$0.00		$0.00
300	Reimbursables	$0.00	$0.00	$0.00	$0.00		$0.00
400	Preliminary Design	$0.00	$0.00	$0.00	$0.00		$0.00
400	Reimbursables	$0.00	$0.00	$0.00	$0.00		$0.00
500	Final Design/Bidding Documents	$0.00	$0.00	$0.00	$0.00		$0.00
500	Reimbursables	$0.00	$0.00	$0.00	$0.00		$0.00
600	Construction Admin/Office	$0.00	$0.00	$0.00	$0.00		$0.00
600	Reimbursables	$0.00	$0.00	$0.00	$0.00		$0.00
700	Construction Admin/Field	$0.00	$0.00	$0.00	$0.00		$0.00
700	Reimbursables	$0.00	$0.00	$0.00	$0.00		$0.00
800	Supplemental Design	$0.00	$0.00	$0.00	$0.00		$0.00
800	Reimbursables	$0.00	$0.00	$0.00	$0.00		$0.00
	TOTAL AMOUNT	$0.00	$0.00	$0.00	$0.00	0%	**$0.00**

Input Authorized Amount, Previously Requested & Amount of This Request. All other fields will calculate.

FOR DEPARTMENT USE ONLY

AGENCY NUMBER	INDEX NUMBER	COMPTROLLER CODE	AGENCY CODE 02	CONTRACT NUMBER	FILE NUMBER	COMMODITY CODE	AMOUNT	
						TOTAL		

Submit THREE copies of the Payment Request form with backup - 1 white, 1 yellow, 1 blue.

COPIES: WHITE, YELLOW, AND BLUE - DESIGN & CONSTRUCTION GREEN - PSC/CONTRACTOR