

PAYMENT REQUEST

VOUCHER NUMBER _____

**SUBMIT REQUEST TO: DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
 STATE FACILITIES ADMINISTRATION
 DESIGN AND CONSTRUCTION DIVISION
 MAILING ADDRESS: P.O. Box 30026, Lansing, MI 48909
 STREET ADDRESS: 3111 W. St. Joseph Street, Lansing, MI 48917**

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

INSTRUCTIONS TO CONTRACTOR: 1. SUBMIT YOUR BILLINGS ON THIS FORM USING TYPEWRITER OR INK. USE SEPARATE REQUEST FORM FOR EACH CONTRACT ORDER. 2. FORWARD FIRST THREE COPIES OF PAYMENT REQUEST FORM TO ADDRESS ABOVE. RETAIN GREEN COPY. 3. ADDITIONAL FORMS ARE AVAILABLE FROM FACILITIES AND BUSINESS SERVICES ADMINISTRATION.

DEPARTMENT OR AGENCY XXXXXXX	DATE XX/XX/XX	CONTRACT NUMBER YXXXXX
NAME AND ADDRESS OF CONTRACTOR (Your firm's name and address)	INDEX NUMBER(S) XXXXX	FILE NUMBER XXX/XXXXX.XXX
	FEDERAL I.D. NUMBER (IF NONE, SOCIAL SECURITY NUMBER) THIS IS REQUIRED FOR BILLING AND TAX PURPOSES. PAYMENTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION. XX-XXXXXXXX	
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	DATE	SIGNATURE OF CONTRACTOR
		DATE
		(Please sign and date here)

GIVE COMPLETE DESCRIPTION OF SERVICES RENDERED AS IT APPEARS ON THE CONTRACT ORDER	AMOUNT
a. Original Contract Amount	\$ _____
b. Contract Change Orders to Date	\$ _____
c. Current Contract Amount ($a+b=c$)	\$ _____
d. Amount Completed and Stored to Date	\$ _____
e. Less Previous Payment	\$ _____
f. Amount Due this Payment Request ($d-e=f$)	\$ _____
g. Balance to Complete ($c-d=g$) \$ _____	\$ _____
h. Percent to Complete ($d÷c=h$) _____%	\$ _____
FOR DEPARTMENT USE ONLY	TOTAL
	()

AGENCY NUMBER	INDEX NUMBER	COMPTROLLER CODE	AGENCY CODE 02	CONTRACT NUMBER	FILE NUMBER	COMMODITY CODE	AMOUNT
COPIES: WHITE, YELLOW, AND BLUE – STATE FACILITIES ADMINISTRATION GREEN - CONTRACTOR							TOTAL