

**MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION  
ON CALL CONSTRUCTION PAYMENT REQUEST**

Submit to: Maricopa County Department of Transportation  
Attention: Financial Branch Services  
2901 West Durango Street  
Phoenix, Arizona 85009-6357

CONTRACTOR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ PAYMENT REQUEST NO.: \_\_\_\_\_

CONTRACT No.: \_\_\_\_\_ WORK ASSIGNMENT NO.: \_\_\_\_\_

Work Assignment  
TIME PERIOD \_\_\_\_\_ TO \_\_\_\_\_ MCDOT Project Manager: \_\_\_\_\_

**A. CONTRACTOR'S CONTRACT DATA**

- |    |  |          |
|----|--|----------|
| 1. | Maximum Contract Amount                                      | \$ _____ |
| 2. | Prior Contract Work Assignments                              | \$ _____ |
| 3. | Total Remaining Contract Amount<br>(A.1 minus A.2 minus B.1) | \$ _____ |

**B. CONTRACTOR'S NTE FEE, THIS CONTRACT ASSIGNMENT**

- |    |   |          |
|----|---|----------|
| 1. | NTE Fee, this Contract Work Assignment                  | \$ _____ |
| 2. | Requested Payment: (Attach Backup Documentation)        |          |
|    | 1. _____ 3. _____ 5. _____                              |          |
|    | 2. _____ 4. _____ 6. _____                              |          |
| 3. | Total Fee Earned To Date, This Contract Work Assignment | \$ _____ |

**C. PAYMENT REQUEST DATA**

- |    |  |          |
|----|--|----------|
| 1. | Less Prior Payments, This Contract Work Assignment | \$ _____ |
| 2. | Less Prior Retainage                               | \$ _____ |
| 3. | Total Payment Request (B.3 minus C.1)              | \$ _____ |
| 4. | Less Retainage this Payment Request                | \$ _____ |
| 5. | Net Payment Request<br>(C 3 minus C4)              | \$ _____ |

If this is a full and final payment request for this work assignment be certain to include the required Certificate of Performance (COP).

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor

Payment Request Verification: \_\_\_\_\_ Date: \_\_\_\_\_  
MCDOT Project Manager

Approval to Pay: \_\_\_\_\_ Date: \_\_\_\_\_  
MCDOT Division Head