

**Arkansas Division of Public School Academic Facilities and Transportation
APPENDIX B (Part 2) State Payment Request**

School District Full District Name Payment Request Date Date Submitted

Project Name Partnership Project Name Payment Request # Order from first to final (one pay request may contain multiple contractor pay apps)

Project Number Partnership Project Number Payment Request Period **(Recommended one per month)**
 To: Date of last invoice/certified pay app submitted for this pay request period (if Final, indicate (FINAL) next to date)
 From: Date of first invoice/certified pay app submitted for this pay request period

Total Project Cost	
Design Fee	<u>Total architect/engineer fee based on contract (A)</u> Any cost directly related to construction not covered in design or construction contract (Reimbursables may NOT include furnishings, academic materials, operational utilities cost, site acquisition, etc.)
Misc. Cost & Fees	<u>Total general contractor or construction manager fee based on contract (B)</u>
Original Contract Sum	<u>Any change orders that occur during construction, listed in certified contractor pay apps (C)</u>
Net Change by Change Order	<u>(D)</u>
Total Project Cost to Date	<u>Total above (A+B+C+D)</u>

Current Billings	
Design Fees Request This Period	<u>Design fees for this pay period only (a)</u>
Misc. Cost & Fees This Period	<u>Reimbursibles (if not included in design fee invoice) for this pay period only (b)</u>
Construction Cost Request This Period	<u>Construction payments for this pay period only (c)</u>
Total Completed and Stored This Period	<u>Add above (a+b+c)</u>
Retainage This Period	<u>Line 5. from contractor pay app</u>
Total Completed Less Retainage This Period	<u>Line 6. from contractor pay app</u>
Total Request This Period	<u>(a+b+c) from above</u>

Name & Title Official Submitting Report (Please Print)

Signature

Submit with corresponding certified contractor pay applications, contractor schedule of values, architect/engineer invoices, and copies of checks

**Arkansas Division of Public School Academic Facilities and Transportation
APPENDIX B (Part 3) Change Order (C/O) Report**

School District Full District Name Payment Request Date Date Submitted
 Project Name Partnership Project Name Payment Request # Order from first to final
 Project Number Partnership Project Number Payment Request Period
 From: Date of first invoice/certified pay app submitted for this pay request period To: Date of last invoice/certified pay app submitted for this pay request

C/O #	Date	C/O Description	C/O Amount	Meets Facility Manual Standards?	Materially Changes Project Scope?
		***If No, changes must be submitted to Division for review/approval		***Select Yes or No to each	
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
8			\$		
9			\$		
10			\$		

If more space is needed, continue after end of this sheet

Change Order Summary	Additions	Deductions
Total change(s) approved in previous periods	\$	\$
Total change order(s) approved this period	\$	\$
TOTALS	\$	\$

Net Changes by Change Orders \$

Name & Title Official Submitting Report (Please Print) _____ Signature _____

APPENDIX B (Part 3) Change Order (C/O) Report - Page 2

School District _____
 Project Name _____
 Project Number _____

Payment Request Date _____
 Payment Request # _____
 Payment Request Period
 From: _____ To: _____

C/O #	Date	C/O Description	C/O Amount	Meets Facility Manual Standards?	Materially Changes Project Scope?
				Select Yes or No to each	
11	_____	_____	\$ _____		
12	_____	_____	\$ _____		
13	_____	_____	\$ _____		
14	_____	_____	\$ _____		
15	_____	_____	\$ _____		
16	_____	_____	\$ _____		
17	_____	_____	\$ _____		
18	_____	_____	\$ _____		
19	_____	_____	\$ _____		
20	_____	_____	\$ _____		
21	_____	_____	\$ _____		
22	_____	_____	\$ _____		
23	_____	_____	\$ _____		
24	_____	_____	\$ _____		
25	_____	_____	\$ _____		

Name & Title Official Submitting Report (Please Print)

Signature