



MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION
ON CALL CONSULTANT PAYMENT REQUEST

Submit Payment Request to:

Maricopa County Department of Transportation | Attn: Finance Division
2901 West Durango Street | Phoenix, AZ 85009-6357
mcdotfinance@mail.maricopa.gov

CONSULTANT'S NAME: _____ DATE: _____
CONSULTANT'S ADDRESS: _____
PROJECT NUMBER: _____
PROJECT NAME: _____
CONTRACT #: _____ WORK ASSIGNMENT #: _____
MCDOT PROJECT MGR: _____ PAYMENT REQUEST #: _____
PAYMENT REQUEST TIME PERIOD: _____ TO _____

A. CONSULTANT'S CONTRACT INFORMATION

- 1. Maximum Contract Amount \$
2. Prior Contract Work Assignments \$
3. Total Remaining Contract Amount \$

B. CONSULTANT'S NTE FEE, THIS CONTRACT WORK ASSIGNMENT

- 1. Not to Exceed Fee for this Contract Work Assignment \$
2. Total Change Order Amount \$
3. Current Contract Work Assignment Amount \$
4. Requested Payments:
1. \$ 5. \$ 9. \$
2. \$ 6. \$ 10. \$
3. \$ 7. \$ 11. \$
4. \$ 8. \$ 12. \$
5. Total Fee Earned To Date for this Contract Work Assignment \$
6. Percent Total of Work Assignment Completed

C. PAYMENT REQUEST INFORMATION

- 1. Less Prior Payments for this Contract Work Assignment \$
2. Total Payment Request (Attach Backup Documentation AND Confirm Totals Match) \$

A Progress Report, SBE Participation Report, and backup documentation must accompany this payment request.
A Certificate of Performance is required for final payment.

SUBMITTED BY: _____ DATE: _____
Consultant
PMT. REQUEST VERIFICATION: _____ DATE: _____
MCDOT Project Manager
REVIEWED BY: _____ DATE: _____
MCDOT Branch Manager
APPROVAL: _____ DATE: _____
MCDOT Division Manager