



STATE OF MONTANA
DEPARTMENT OF MILITARY AFFAIRS
 Construction and Facilities Management Office
 1956 Mt. Majo St. • P.O. Box 4789 • Fort Harrison MT 59636-4789
 Phone: 406 324-3100 • Fax: 406 449-5148

ARCHITECT/ENGINEER REQUEST FOR PAYMENT

Project Name: _____ DMA #: _____
 Location: _____

Architect/Engineer: _____ Pay Request #: _____
 Address: _____ Date: _____
 Phone: _____

BASIC SERVICES	CONTRACT AMOUNT	PERCENTAGE COMPLETED	AMOUNT EARNED
1. Schematic Design Phase			
2. Design Development/Preliminary Design Phase			
3. Construction Documents Phase			
4. Bidding Phase			
5. Construction Phase			
ADDITIONAL SERVICES (add any additional services as listed in the A/E Agreement)			
1. Programming			
2. Site/Topographic Surveys			
3. Geotechnical Investigations/Reports			
4. Water Well System Design & Permitting			
5. Septic System Design & Permitting			
6. Record Drawings			
7. Warranty Inspection			
8.			
9.			
Fee Earned To-Date (Basic + Additional Services):			
SUPPLEMENTAL SERVICES			
1.			
2.			
3.			
4.			
5.			
Total Supplemental Services Earned To-Date:			
Less Supplemental Services Paid To-Date:			
Supplemental Services Due This Request:			
Total Supplemental Services Fee Earned To-Date:			
TOTAL FEE EARNED TO DATE (Basic + Additional + Supplemental):			
LESS PREVIOUS PAYMENTS (Basic + Additional + Supplemental):			
AMOUNT DUE THIS REQUEST FOR PAYMENT:			

I hereby certify that this submitted claim for payment is correct, true and just in all respects and that payment or credit has not previously been received. I further warrant and certify by submission of this claim that all previous work for which payment has been received is free and clear of all liens, claims, security interests or encumbrances in favor of the Architect/Engineer, subcontractors, consultants, employees, material suppliers or other persons or entities and do hereby release the Owner from such.

Submitted by: _____ (Firm Name) _____ (Architect/Engineer Signature) _____ (Date)

Montana Department of Military Affairs
 Approved by: Construction and Facilities Management Office
 _____ (Owner) _____ (Project Manager) _____ (Date)