

Associate Payment Request

Ohio University
 University Planning and Implementation
 Building 19, The Ridges
 Athens, OH 45701-2979
 voice: (740) 593-2727



Associate Name & Address

Assoc. Phone No.

Assoc. Fax No.

Assoc. Tax I.D.

Assoc. E-mail

Project Desc.

Local No.

Project Name

Project Location

A - Summary

Request No.

Sheet

_____ of _____

For the period

from

to

A	B	C		D	E		F	G	H	I	J	K	L
Service Category	Contract Information						Previously Billed		Completed to Date		Amount Due		Bal. Avail.
	Original		Amended		Previously Billed		Completed to Date		Amount Due		Bal. Avail.		
	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	\$
Basic Services													
Additional Services													
Reimbursables													
Totals													

Associate Certification

The Associate certifies it has provided the services indicated above and acknowledges its responsibility to render all payments to those to which it is obligated relative to this Contract, all in accordance with the Contract.

 Name/Title (typed or printed)

 Signature

 Date

SAO Approval

This office approves payment in the amount requested or as noted above.

 Name/Title (typed or printed)

 Signature

 Date

Owner Authorization

The Owner acknowledges this request for payment, agrees that the amount requested is a fair and reasonable request for the services provided to date, and authorizes the release of funds for this payment request.

 Name/Title (typed or printed)

 Signature

 Date