

**OFFICE OF CITY ENGINEER
CITY OF SIOUX FALLS
ARCHITECT/ENGINEER PAYMENT REQUEST**

Date _____
Period _____
Request No. _____
Contract No. _____

Project Name _____

Architect/Engineer _____

Original Contract \$ _____

Total of Amendments \$ _____

Revised Contract \$ _____

Work Completed To Date \$ _____

Less Previous Payments \$ _____

Payments Due This Period \$ _____

Balance Remaining After This Payment \$ _____

Percent of contract funds used _____ %

Percent of contract schedule used _____ %

Percent of scope of work completed _____ %

Were there any scope changes (additional or reduced services) encountered or requested this pay period? Y N . If yes, list documentation _____

Submitted By:

Signature Architect/Engineer

Date

Approved By:

City of Sioux Falls

Date

Documentation Attached Y N