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	$ 0.00

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	$ 0.00
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	$ 0.00
6.	Percent Total of Work Assignment Completed	Calculate % 0%

C. **PAYMENT REQUEST INFORMATION**

1.	Less Prior Payments for this Contract Work Assignment	$
2.	Total Payment Request (Attach Backup Documentation AND Confirm Totals Match)	**$** 0.00

A Progress Report, Expenditure Forecast, 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