MARICOPA COUNTY DEPARTMENT OF TRANSPORTATION
PROJECT SPECIFIC 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 #: _____
MCDOT PROJECT MGR: _____ PAYMENT REQUEST #: _____
PAYMENT REQUEST TIME PERIOD: _____ TO _____

A. **CONSULTANT'S CONTRACT INFORMATION**

1. Contract Amount (Cost + Fixed Fee Not to Exceed) $ _____
2. Total Contract Change Order Amount $ _____
3. Current Contract Amount $ 0.00

B. **CONSULTANT'S FEES EARNED TO DATE**

1. Requested Payments:

Attach Backup Documentation for Allowances, NTE Work or Expenses, and Work Authorizations

1.	$	5.	$	9.	$
2.	$	6.	$	10.	$
3.	$	7.	$	11.	$
4.	$	8.	$	12.	$

2. Total Fee Earned To Date $ 0.00
3. Percent Total of Contract Work Completed Calculate % _____ %

C. **PAYMENT REQUEST INFORMATION**

1. Less Prior Payments $ _____
2. Total Payment Request **$** 0.00

Attach Backup Documentation and Confirm Totals Match

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