## CONSTRUCTION CERTIFICATION AND REIMBURSEMENT REQUEST

**Job No.:** __________________________  
**Payee/Sponsor:** __________________________  
**DATE:** __________________________  
**PAY REQUEST #:** __________________________  
**County:** __________________________  
**Job Name:** __________________________  
**Federal Tax ID No.:** __________________________  

### SPONSOR'S REQUEST FOR PAYMENT

1. **Maximum Approved Federal-aid Amount**  
2. **Original Contract Amount**  
3. **Net Changes by Change Orders**  
4. **Present Contract Total**  
5. **Present Federal-aid Amount (80% of Line 4 or Amount on Line 1, whichever is less)**  
6. **Work Completed to Date**  
7. **Federal Match (80% of Line 6 or amount on Line 5, whichever is less)**  
8. **Previous Reimbursements (Federal)**  
9. **Amount Due this Estimate**  

*(subtract Line 8 from Line 7)*

<table>
<thead>
<tr>
<th>CHANGE ORDER SUMMARY</th>
<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total changes previously approved</td>
<td></td>
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<tr>
<td>Total approved this Request Period</td>
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<tr>
<td><strong>TOTALS</strong></td>
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</tbody>
</table>
| **NET CHANGES by Change Order**  
*(Line 3 above)* |          |            |

### Designated Full Time Employee In Responsible Charge

The information provided in this document is true and correct and I recommend that payment be made to the Contractor for this work.

**By:** __________________________  
**Date:** __________________________  
**Title:** __________________________

### Sponsor's CEO

Payment is requested from the Arkansas Department of Transportation for the Amount Due. I certify that the Contractor and/or subcontractor(s) are complying with the provisions of FHWA-1273, Required Contract Provisions, Federal-aid Construction Contracts, and Supplements; that the work has been completed by the Contractor in accordance with the plans and specifications; and that the Contractor has been paid for this work.

**By:** __________________________  
**Date:** __________________________  
**Title:** __________________________

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### DEPARTMENT USE ONLY

**Recommended for Payment in Accordance with Project Agreement**  
**Approved for Payment**  
**PAID**

**Resident Engineer**  
**State Construction Engineer**  
**Voucher No.:** __________________________  
**Date:** __________________________

Form LPA-014
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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</thead>
<tbody>
<tr>
<td>ITEM NO.</td>
<td>DESCRIPTION OF WORK</td>
<td>SCHEDULED VALUE</td>
<td>WORK COMPLETED</td>
<td>PREVIOUS REQUESTS</td>
<td>THIS PERIOD</td>
<td>MATERIALS PRESENTLY STOCKPILED (NOT IN D or E)</td>
<td>TOTAL COMPLETED &amp; STOCKPILED TO DATE (D+E+F)</td>
<td>% COMPLETED (G + C)</td>
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</tbody>
</table>

**COPY OF SPONSOR’S PAYMENT CHECK FOR THIS ESTIMATE MUST BE ATTACHED TO THIS FORM**