

CONSTRUCTION CERTIFICATION AND REIMBURSEMENT REQUEST

Revised: 12/11/20

PAGE 1 OF 2 PAGES

Job No.: _____	Payee/Sponsor: _____	DATE: _____
FAP: _____	address _____	
County: _____	_____	PAY REQUEST # _____
Job Name.: _____	Federal Tax ID No.: _____	FROM: _____ TO: _____

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	30.00
<small>(subtract Line 8 from Line 7)</small>	

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: _____

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes previously approved		
Total approved this Request Period		
TOTALS		
NET CHANGES by Change Order <small>(Line 3 above)</small>		

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: _____

DEPARTMENT USE ONLY

Recommended for Payment in Accordance with Project Agreement _____ Resident Engineer	Approved for Payment _____ State Construction Engineer	PAID Voucher No. _____ Date: _____
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DETAIL ESTIMATE

JOB NUMBER: _____
 FAP: _____
 JOB NAME: _____

 SPONSOR: _____

REQUEST NO: _____ DATE: _____
 FROM: _____ TO: _____
 CONTRACTOR: _____

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STOCKPILED (NOT IN D or E)	G TOTAL COMPLETED & STOCKPILED TO DATE (D+E+F)	H % COMPLETED (G ÷ C)	I BALANCE TO FINISH (C - G)
			D PREVIOUS REQUESTS	E THIS PERIOD				
	GRAND TOTALS							

Form LPA-014

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