City of San Marcos Contractor Payment Requisition

Billing Period _____

Payment Request # _____

Contract # _____

Contractor _____

Contract Name _____

#	+/_ Change
Total:	$ 0.00

Original Contract Amount	
Total Change Orders	$ 0.00
Revised Contract Amount	$ 0.00
Total Work Performed	
Remaining Contract Balance	**$ 0.00**

	Amt This Period	Total To Date
Work Performed		
Liquidated Damages		
+/_ Retainage		
Outstanding Claims		
Total Amount Due from Previous Invoice		
Amount Due	**$ 0.00**	**$ 0.00**

☐ This is our final invoice for this project

Please Complete Either 1 or 2 Below and obtain notary:

1) I certify based upon my personal knowledge, that I (Contractor) have paid all sums due for materials and equipment furnished, for all work, labor, and services performed, and for all indebtedness and claims against the Contractor for damages rising in any manner in connection with the Project, and I approve the billing to be true and correct.

Contractor (authorized signature): _____ Date: _____

Name:_____ Title:_____

2) I (Contractor) am unable to sign the above statement due to an outstanding claim on this project. I am aware that any outstanding claim(s) will be deducted from the balance due for this payment request, and will be held until a release of lien is issued by the claimant.

Contractor (authorized signature): _____ Date: _____

Name: _____ Title: _____

State of Texas

County of _____

SWORN TO AND SUBSCRIBED before the undersigned authority on _____
(Date)

_____
Notary Public, State of Texas

_____
Consultant Date

_____
Grants Manager (if applicable) Date

_____
City Inspector Date

_____
Department Director (CDBG/Final Payment) Date

_____
City Project Manager Date

_____
Purchasing Manager (Final Payment) Date

_____
Grant Program Manager (if applicable) Date

_____
City Attorney (Final Payment) Date

*Project String_____
*Detailed funding breakdown attached

GL Account _____

rev 2/6/2020

Submit invoices via email to the City PM and copy payrequest@sanmarcostx.gov