MISSISSIPPI STATE UNIVERSITY

PROFESSIONAL'S APPLICATION FOR PAYMENT

To (Owner): Mississippi State University P.O. Box 5208 Mail Stop 9604 Mississippi State, Ms 39762-5208	IHL#: PDC# Title: I/A:	Application No.:
From (Professional):	Architect's Project No.: Contractor's Name: Contract Amount	Date:

DESIGN PHASE:

Fee Schedule: **A A+ B B+ C C+ D D+ E E+ Roof Special**

TOTAL ESTIMATED FEE $ _____
(Multiplied by %) X _____

TOTAL AMOUNT DUE **$** _____
(Less Previous Payments) (_____)
(Less Payments in Process) (_____)
(Less Credits) (_____)

CURRENT PAYMENT DUE $ _____

CONSTRUCTION PHASE:

TOTAL FEE $ _____
(Less Previous Payments - Planning) (_____)

SUB-TOTAL DUE FOR CONSTRUCTION $ _____
Plus fees awarded for Change Orders _____

TOTAL DUE DURING CONSTRUCTION $ _____
Multiplied by % of Completed Construction X _____

(Less Previous Payments – Construction (_____)

CURRENT PAYMENT DUE $ _____

REIMBURSEMENTS: (Attach Consultant's invoice and report)

	(% complete)	
Topographical Survey	(_____)	$ _____
Other Survey	(_____)	$ _____
Asbestos Testing	(_____)	$ _____
Subsurface Investigation	(_____)	$ _____
Other Investigation	(_____)	$ _____
Printing	(_____)	$ _____

ADDITIONAL SERVICES:

	(% complete)	
Program Phase	(_____)	$ _____
Special Study	(_____)	$ _____
Rendering/Model	(_____)	$ _____
Other	(_____)	$ _____

I certify that the work covered by this invoice is complete, for the percentage indicated, in accordance with the contract, procedure manual, or proposal requirements; and, I now request payment. I certify that this is not a duplicate request for payment unless so marked above.

Signature:_____ Name/Title:_____

Attention: (1) Submit a separate application and invoice for each type request (i.e.: fees, reimbursement, additional services); (2) Submit an original and three (3) copies of this form and any backup; (3) Only complete the necessary portion for which you are requesting payment (i.e.: if you are requesting reimbursement for printing costs - complete that section only)

Revised October 2001