

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO OWNER: Clinton Oklahoma
 PO Box 1177
 Clinton, OK 73601

PROJECT: Filter Distribution Box
 and Clarifier Bearing Rehab

APPLICATION NO: **3_FINAL**
 INVOICE NO.: **20158B**

Distribution to:

OWNER
 ARCHITECT
 ENGINEER

FROM: Fab Tech Wastewater Solutions
 PO Box 244
 Wentzville, MO 63385

APPLICATION DATE: **6/3/2022**
 CONTRACTOR'S PROJECT NO.: **120005**
 CONTRACT NO.: **20158**
 PERIOD ENDING:

CONTRACT FOR: 120005-Lake Plant, 20158-PKG

CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
 Continuation Sheet, AIA Document G703, is attached.


The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by Contractor for Work for which previous Certificates for Payment were issued and payments received from Contractor, and that current payment shown herein is now due.

1. ORIGINAL CONTRACT SUM	295,270.00
2. Net change by Change Orders	31,189.43
3. CONTRACT SUM TO DATE (Line 1 ± 2)	326,459.43
4. TOTAL COMPLETED & STORED TO DATE	326,459.43
(Column G on G703)	
5. RETAINAGE: (Original Contract Only)	
Total in Column I of G703)	0.00
6. TOTAL EARNED LESS RETAINAGE	326,459.43
(Line 4 Less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	
(Line 6 from prior Certificate).....	295,270.00
8. CURRENT PAYMENT DUE	31,189.43
9. BALANCE TO FINISH, INCLUDING RETAINAGE	
(Line 3 less Line 6)	0.00

CONTRACTOR:

By: Kyle Freeman, Fab Tech Wastewater Solutions LLC Date: 6/6/2022

Payment of: \$ 31,189.43
 (Line 8 or Other - attach explanation of the other amount)

is recommended by:  Date: 06/06/2022
 (Engineer)

Payment of: \$ 31,189.43
 (Line 8 or Other - attach explanation of the other amount)

is approved by: _____ Date: _____
 (Owner)

is approved by: _____ Date: _____
 Funding or Financing Entity (if applicable)

State of: _____
 Subscribed and sworn to before me this _____ day of _____

County/Parish of: _____

Notary Public:
 My Commission expires:

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month (#1)	\$38,875.00	\$7,685.57
TOTALS	\$38,875.00	\$7,685.57
NET CHANGES by Change Order	\$38,875.00	\$7,685.57

