

Please note: This document has been formulated to automatically calculate all items in Excel. To use, double click in area and form will convert to Excel.

MASSACHUSETTS PORT AUTHORITY

Construction Contractor's Partial Requisition and Certification

MPA Contract No.:	Finance Code:	Partial Requisition No.:
Contract Title:	Contractor:	Period Beginning:
Date of Notice to Proceed:	Address:	Period Ending:
Original Contract Completion Date:		Original Days Allowed:
Current Contract Completion Date:		Days Extended:
Contract Award Amount:	Telephone No.:	Total Days Allowed:
Current Adjusted Contract Amount:	Fax No.:	Percent Work Completed:

Summary Totals - Value of Work Completed/Earned

Previous Periods	This Period	Total to Date
\$0.00	\$0.00	\$0.00
Total Amount Earned:		
		\$0.00
Less Amount Retained at:		
		\$0.00
Total Amount Due:		
		\$0.00
Less Total Previously Paid:		
		\$0.00
Amount Due This Requisition:		
		\$0.00

CONTRACTOR'S CERTIFICATE: I hereby certify under the penalties of perjury that payments have been made to all subcontractors in compliance with the provisions of Section 39F of Chapter 30 of the General Laws of the Commonwealth of Massachusetts and the applicable provisions of the Davis-Bacon Act, that this requisition is correct for work done and materials furnished for the period shown and that payment has not been received.

Contractor: _____ Date: _____

By: _____

Title: _____

ENGINEER'S CERTIFICATE: I hereby certify the validity of this requisition in the amount shown for work completed, that the Contractor's As-Built Drawings are up-to-date and that the Contractor's payroll is in compliance with Federal and State Wage Requir

RESIDENT ENGINEER:

Company Name: _____ By: _____ Title: _____ Date: _____

CONSULTING ENGINEER:

Company Name: _____ By: _____ Title: _____ Date: _____

Recommended for Payment:

TRUST ENGINEER _____ By: _____ Title: _____ Date: _____

Recommended for Payment:

MASSACHUSETTS PORT AUTHORITY _____ By: _____ Title: _____ Date: _____

Recommended for Payment:

MASSACHUSETTS PORT AUTHORITY _____ By: _____ Title: _____ Date: _____

Distribution: Project File, Project Manager, Accounting (2), M. Snyder, Contractor, Consultant

