



NORTHWEST MISSOURI STATE UNIVERSITY
CAPITAL PROGRAMS
SERVICE CONTRACT PAY APPLICATION - NTE BASIS

APPLICATION NUMBER:	
APPLICATION DATE:	TO

CONTRACTOR:	PROJECT NO.:
FIRM:	PROJECT NAME:
REMIT TO ADDRESS:	PURCHASE ORDER NO.:
CITY: STATE: ZIP:	CONTRACTOR INVOICE NO.:

A	B	C	D	E	F	G	H	I
ITEM NO.	DESCRIPTION OF WORK / SUBCONTRACTOR	LABOR			G.C. MATERIAL / EQUIPMENT	SUBCONTRACT MAT./EQUIP.	TOTALS E + F + G	REMARKS
		HOURS	RATE	TOTAL				
1							\$ -	
2							\$ -	
3							\$ -	
4							\$ -	
5							\$ -	
6							\$ -	
7							\$ -	
8							\$ -	
9							\$ -	
10							\$ -	
SUBTOTALS				\$ -	\$ -	\$ -	\$ -	
MATERIAL AND EQUIPMENT MARKUPS							\$ -	
TOTALS					\$ -	\$ -	\$ -	
TRIP CHARGE (if applicable)		QTY:		RATE/TRIP:				
LODGING (if applicable)		QTY:		RATE/TRIP:				
PER DIEM (if applicable)		QTY:		RATE/TRIP:				
MILEAGE (if applicable)		QTY:		RATE/TRIP:				
TRAVEL TIME (if applicable)		QTY:		RATE/TRIP:				

CONTRACTOR SIGNATURE	DATE				BOND (if applicable)		
		TOTAL REQUEST THIS PERIOD		\$ -			
		TOTAL PREVIOUS PAYMENTS			NORTHWEST PURCHASING COMMENTS:		
		NTE AMOUNT					
		REMAINING BALANCE		\$ -			
DESIGNER'S CERTIFICATION (if applicable)		DATE					
PROJECT MANAGER APPROVAL		DATE					
DIRECTOR of CAPITAL PROGRAMS APPROVAL		DATE		NORTHWEST PURCHASING APPROVAL		DATE	