

**ARIZONA DEPARTMENT OF TRANSPORTATION
ENGINEERING CONSULTANT SECTION**

Payment Report Form - Specific Rates

| | | | | |
|---|---|-------------------------------------|------------------------------|----------------------------------|
| Payment Report No.: | Progress _____ Final _____ | Contract No.: | | |
| TRACS No.: | | Month Ending | | |
| Name of Project: | | | | |
| Firm Name: | | | | |
| Supplemental Service Consultant Name: | | | | |
| Remit to Address: | | | | |
| Contract NTP Date: | | Contract Completion Date: | | % Billed |
| | | | | % Completed |
| SUMMARY OF WORK FOR WHICH PAYMENT IS REQUESTED | | | | |
| | TRACS NUMBER | PREVIOUS ACCUMULATIVE AMOUNT | CURRENT AMOUNT | TOTAL ACCUMULATIVE AMOUNT |
| | Original Contract + CM # | | | |
| | TRACS NO. | | | |
| | TRACS NO. | | | |
| | TRACS NO. | | | |
| | TRACS NO. | | | |
| | Payment Total | | | |
| | Contract Total | | | |
| Submitted By _____ Date _____ | | | Total To Date | |
| Consultant | | | | |
| Approved By _____ Date _____ | | | Total Previous Report | |
| ADOT Project Manager | | | | |
| Approved By _____ Date _____ | | | Current Report | |
| Engineering Consultants Section | | | | |