

**REQUISITION FOR PAYMENT ON CONTRACT
FOR PROFESSIONAL SERVICES**

CITY OF PHILADELPHIA
CAPITAL PROGRAM OFFICE
ONE PARKWAY, 1515 ARCH STREET
PHILADELPHIA, PA 19102



PROJECT NO.	DEPARTMENT	CONTRACT NO.	REQUISITION NO.
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M-DOCUMENT NUMBER(S)	DATE
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CONSULTANT NAME & ADDRESS	VENDOR NUMBER
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FOR (Exact Contract Title)

PHASE OF WORK (ATTACH DOCUMENTATION)	CONTRACT AMOUNT	(CALCULATED FIELDS)			BILLED PREVIOUSLY	AMOUNT DUE
		% OF FEE	% CMPL.	COMPLETED TO DATE		
PREDESIGN SCHEMATIC DESIGN DESIGN DEVELOPMENT CONSTRUCTION DOCUMENTS BIDDING/AWARD CONSTRUCTION ADMIN. (Other, Specify)						
REIMBURSABLE ALLOWANCE (Documentation Attached)		N/A				

TOTALS : _____

AMOUNT NOW DUE

SUBMITTED BY:

(CONSULTANT) (DATE)

APPROVALS:

(PROJECT COORDINATOR) (DATE)

(PROJECT DIRECTOR) (DATE)