

STANDARD COST BREAKDOWN/ PAYMENT APPLICATION	CITY OF PHILADELPHIA CAPITAL PROGRAM OFFICE ONE PARKWAY, 1515 ARCH STREET PHILADELPHIA, PA 19102-1595		CONTRACTOR:
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Project Title:	Project #:	Bid #	Date	Req #
Contract #:	PO #(s):			

ITEM NO.	DESCRIPTION	CONTRACT BID/COST BREAKDOWN						% COMP	PREVIOUSLY BILLED	CURRENT BILLING	TOTAL DUE
		QTY	UNIT	MATERIAL	LABOR	UNIT COST	TOTAL COST OF ITEM				
TOTALS FOR PAGE:											
GRAND TOTALS (Contract Amount):											

CAPITAL PROGRAM OFFICE APPROVALS				CONTRACTOR SUBMITTAL	
PROJECT COORDINATOR:	DATE:	CONSTRUCTION ENGINEER/INSPECTOR:	DATE:	AUTHORIZED SIGNATURE:	DATE:
PROJECT DIRECTOR:	DATE:	RETAINAGE: 10% 5% 2% 0% \$ _____			