CONSULTANT CERTIFICATE FOR PAYMENT
CERTIFICATE NO. _____

CONSULTANT: BILLING PERIOD:

ADDRESS: P.O. No.:

PROJECT / JOB NUMBER: ACCOUNT No.:

DESCRIPTION:

STATEMENT OF CONTRACT

ORIGINAL APPROVED FEE: $_____
APPROVED CHANGES TO FEE: $_____
TOTAL CONSULTANT FEE: $_____

STATEMENT OF PAYMENT

	APPORTIONMENT OF FEE		% COMPLETE	FEE PAYABLE
Feasability/Schematic Design (Phase 1)	15%	$_____	_____%	$_____
Design Development (Phase 2)	10%	$_____	_____%	$_____
Construction Documents (Phase 2)	30%	$_____	_____%	$_____
Construction Administration (Phase 2)	40%	$_____	_____%	$_____
Post Construction (Phase 2)	5%	$_____	_____%	$_____

Total Fees Payable to Date $_____

Less Previous Billings $_____

Fees This Period $_____

Reimbursable Expenses This Period $_____

Previous Reimbursable Expenses $_____

Total Reimbursables to Date $_____

Subtotal $_____

GST $_____

TOTAL BILLING THIS PERIOD $_____

SIGNED: DATE: