



**APPLICATION FOR PAYMENT**

No. \_\_\_\_\_

JEA  
General Accounting  
P.O. Box 4910  
Jacksonville, FL 32201-4910

Project Name \_\_\_\_\_

JEA Contract No. \_\_\_\_\_

Contract Date \_\_\_\_\_

Project Authorization No. \_\_\_\_\_

Project Auth. Date \_\_\_\_\_

Contractor \_\_\_\_\_

Application Amount \_\_\_\_\_

For Period Ending \_\_\_\_\_

Total Contract Amount \$ \_\_\_\_\_

Less SWA Account \$ \_\_\_\_\_

Executed SWAs No. \_\_\_\_\_ through \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount Authorized \$ \_\_\_\_\_

Application is made for payment, as hereinafter shown, in connection with this contract:

Work in Place - see attached schedule \$ \_\_\_\_\_

Material suitably stored - see attached schedule \$ \_\_\_\_\_

Gross Amount Due \$ \_\_\_\_\_

Less 10% Retainage \$ \_\_\_\_\_

Amount Due to Date \$ \_\_\_\_\_

Less previous applications \$ \_\_\_\_\_

Amount Due This Application \$ \_\_\_\_\_

The undersigned Contractor hereby swears under penalty of perjury that (1) all items and amounts shown above are correct; (2) all work performed and materials supplied fully comply with the terms and conditions of the Contract Documents; (3) all previous progress payments received from the JEA on account of work performed under the contract and project authorization referred to above have been applied by the undersigned to discharge in full all obligations of the undersigned incurred in connection with work covered by prior Application for Payment under said contract and project authorization, being Application for Payment numbered 1 through \_\_\_\_\_ inclusive; and (4) title to all work, materials and equipment covered by this Application for Payment, whether incorporated in the Project or not, will pass to the owner upon receipt of such payment by the Contractor, free and clear of all liens, claims, security interests or encumbrances.

Date \_\_\_\_\_

\_\_\_\_\_  
(Contractor)

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to and subscribed

before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Personally known \_\_\_\_\_

\_\_\_\_\_  
Notary Public

OR Produced identification \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

(Type of identification )

(Printed typed or stamped commissioned name of notary public)

**JEA APPROVALS**

\_\_\_\_\_  
Date Construction Inspector

\_\_\_\_\_  
Date Contracts Administrator

\_\_\_\_\_  
Date Manager, Construction Services

