**Agency Request for Final Payment**

##### To: Division of Building Authority

**Construction Section**

**501 Woodlane, Suite G 05**

**Little Rock, Ark. 72201**

**Telephone: 682-5574, Fax: 682-5560 Date:**

|  |  |
| --- | --- |
| Name of State Agency |  |
| **Name of Project** |  |
| Name of Contractor |  |
|  |  |
| **Original PO#** |  |
| **DBA Project #** |  |
| **Pay Application #** |  |
|  |  |
| Current Contract Amount |  |
| All Payments to Date |  |
| **Less Liquidated Damages**  **(If the contract documents list a dollar amount per day to assess liquidated damages {LD’s} due to the project exceeding the required completion date and the agency is assessing LD’s please enter the dollar amount of LD’s in the space provided along with the agencies justification. If LD’s will not be assessed and the project exceeded the required completion date enter the reason why LD’s will not be assessed. Attach additional documents as needed.)** |  |
| **Final Payment Amount** |  |
|  |  |
| **Amount of Retainage Withheld**  **(previously withheld)** |  |

|  |  |
| --- | --- |
| ***I certify that all project progress payments were processed in accordance with state laws and rules.*** | |
| **Completed By (name & signature):** | |
| **Return By Email To:** | |
| **Phone Number:** | |
| Email Address: | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved By: DFA – Div. of Building Authority Representative Date**