

EXAMPLE

Submit to UDOT PM
(and concurrently to,
LG if applicable).

Project
information
must match
contract.

UTAH DEPARTMENT OF TRANSPORTATION PAYMENT REQUEST and PROGRESS REPORT FOR CONSULTANT SERVICES

Rev 6/6/2016

Payment Request No. 1 **Month End** June **Year** 20 16 ***Final**
Contract No. 16-1234 **Modification No.** _____ **Project No.** S-XXX(XX)X **Fee Type** Unit Price
PIN No. 12345 **Project Description** UDOT Sample Project
Name of Consultant Example Consulting, Inc.
% Work 39% **% Time** 50% **% Billed** 41%
Date Started January 1, 2016 **Date Completed** _____

Number of labor hours expended divided by total contract hours.

Number of months worked divided by number of months in contract schedule.

Funds expended divided by total contract budget.

SUMMARY OF WORK FOR WHICH PAYMENT IS REQUESTED				
Task or	Description	Estimated Cost	Accumulative Amount	Current
2	Review & Assess Existing Conditions	\$10,000.00	\$2,120.00	\$1,360.00
3	Develop Draft Document	\$10,000.00	\$5,500.01	\$5,000.00
Directs	Direct Costs	\$10,000.00	\$6,440.00	\$6,440.00
Unresolved Items from Last Invoice				
Totals		\$40,000.00	\$16,420.01	\$13,920.00

SUMMARY OF PROGRESS BY TASK							
TASK NO.	DESCRIPTION - SCOPE OF SERVICES	Project Estimate (hrs)	Work To Date (hrs)	Project Estimate (\$)	Cost To Date (\$)	Percent Used	
						Hours (%)	Funds (%)
1	Project Management/Meetings	100	22	\$10,000.00	\$2,120.00	22%	21%
2	Review/Assess Existing Conditions	100	25	\$10,000.00	\$2,360.00	25%	24%
3	Develop Draft Document	100	70	\$10,000.00	\$5,500.01	70%	55%
	Costs			\$10,000.00	\$6,440.00		64%
	HOURS	300	117			39%	
	LABOR COST						41%

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INCLUDE SEPARATE NARRATIVE: Report on activities for month and problems that have developed for overall Contract or Work Task Order and also on a task by task basis.

Consultant Name (printed): _____ **Phone Number:** _____
Consultant Approval/Signature: _____ **Date:** _____
Local Government (if applicable): _____
Local Government Approval/Signature: _____ **Date:** _____
 LOCAL GOVERNMENTS – PLEASE FORWARD WITHIN FIVE (5) DAYS TO UDOT PROJECT MANAGER
UDOT Project Manager (printed name): _____
UDOT Project Manager Approval/Signature: _____ **Date:** _____

UDOT PROJECT MANAGER – PLEASE FORWARD PAYMENT REQUEST TO COMPTROLLER’S OFFICE FOR PROCESSING.
 *If final payment, signature approves for contract closure. Project Manager must submit a Consultant Evaluation Form.