



**Purpose:**

Use this procedure to route and obtain required electronic signature for payment application processing. This procedure describes the steps required to obtain the approval signature while maintaining internal control.

**Procedure:**

1. Contractor are asked to send all payment applications to the District assigned Construction Manager (CM)/Project Manager (PM) on the project. CM/PM will then send completed, signed and executed payment application to [CapAcctg@esuhsd.org](mailto:CapAcctg@esuhsd.org)
    - A. Payment Application must include the following required documents or it will be rejected and sent back to the CM/PM:
      - i. Form 300, Completed by the CM
      - ii. G702 (Cover) & G703 (Schedule of Values) Forms
      - iii. All Unconditional & Conditional Waivers for General Contractor & any Sub-Contractors
      - iv. Retention payment requires additional documents:
        - a. Form 405
        - b. Form 406
        - c. Agreement and Release of all Claims

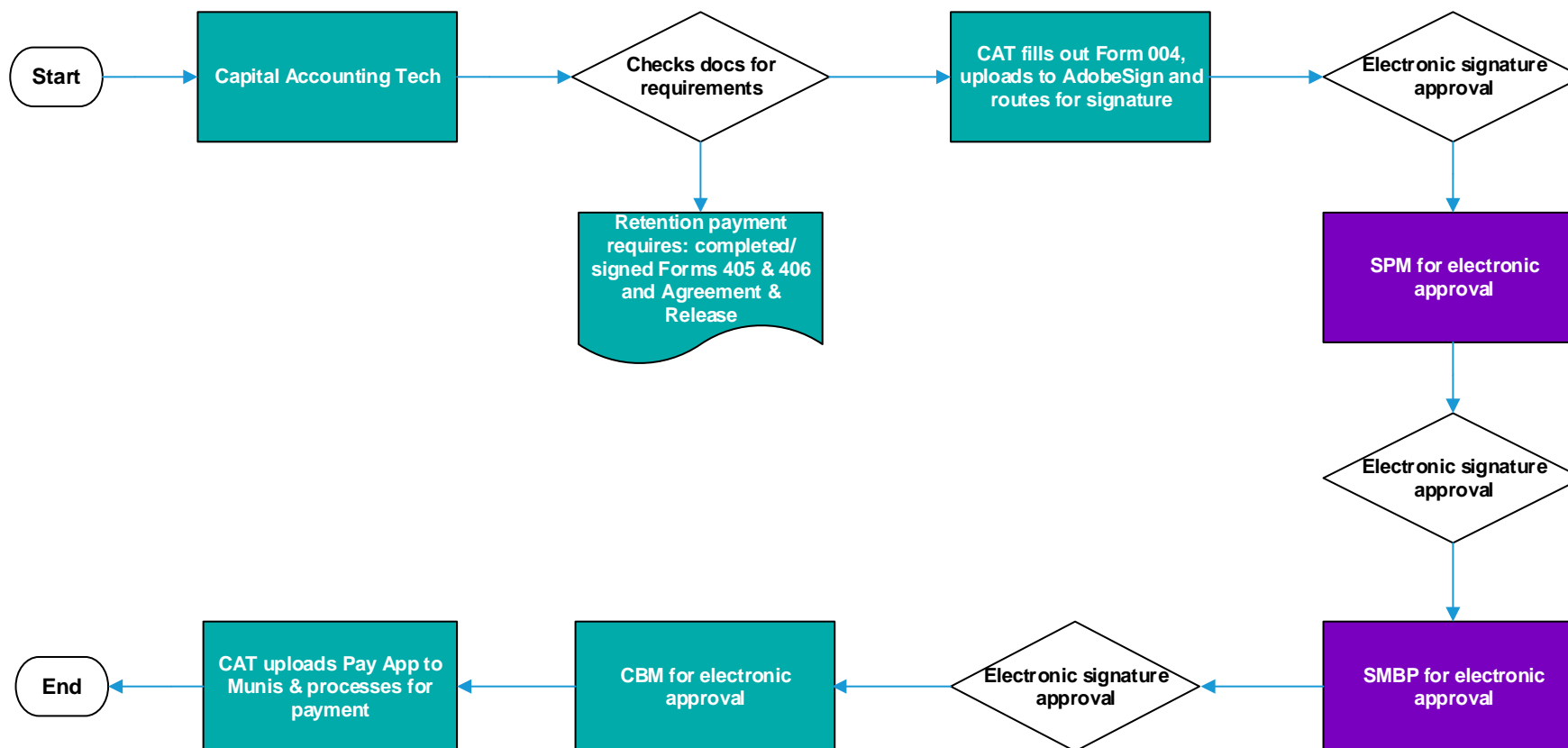
\*\*Sample of types of Payment Application are included in **Exhibit C** and can be located on the website: [link](#)
  2. Payment Applications are received by Capital Accounting.
    - Responsible Person: Capital Accounting Technician
    - Responsible Person's Alternate: Capital Budget Manager
    - A. Payment Application includes **Form 300 – Contractor Pay Application Review Certification**, which is already completed by the CM/PM
      - i. Completed G702 has all required signatures form Construction Manager, Architect of Records, Inspector of Records and Contractor.
      - ii. Capital Accounting completes **Form 004** and places it in front of the payment application before uploading the document to Adobe Sign. Form 004 is attached in **Exhibit D** and can be located in [Box](#).
    - B. Signature Routing – **Form 300** identifies the routing order in [Adobe Sign](#). Forms are attached in **Exhibit D** and can be located in [Box](#).
  3. Payment Application Approval – Electronic Signature (Payment Application are for Contractor Progress Billing over \$25K. Please refer to Invoice Approval for Contractor Progress Billing under \$25K)
    - A. Capital Accounting
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- i. Courtesy check of supporting documents submitted
    - ii. Financial and budget check in MUNIS
  - B. Senior Project Manager
    - i. Recommendation to release payment
  - C. Senior Manager of the Bond Program
    - i. Signs actual payment application for release of payment
  - D. Capital Budget Manager
    - i. Signs actual invoices to verify the release of funds for payment
- 4. Payment Process
  - A. Capital Accounting
    - i. Payment application is downloaded and printed from Adobe Sign
    - ii. Payment application is uploaded and entered for payment in MUNIS for payment processing

**End of Document**

# Pay Application Electronic Signature Approval Process



**LEGEND**

- Capital Planning & Development
- Capital Accounting

**PARTICIPANTS**

- CAT - Capital Accounting Tech
- CBM - Capital Budget Manager
- SMBP - Senior Manager of the Bond Program
- CM/PM - Construction/Project Manager
- SPM - Senior Project Manager

**APPLICATION AND CERTIFICATION FOR PAYMENT**

TO OWNER: East side Union High School District  
830 North Capitol Avenue  
San Jose CA 95133

APPLICATION NO: \_\_\_\_\_  
 APPLICATION DATE: \_\_\_\_\_  
 PO# \_\_\_\_\_  
 CONTRACT DATE: \_\_\_\_\_  
 PERIOD TO: \_\_\_\_\_  
 DSA # \_\_\_\_\_

FROM CONTRACTOR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM \_\_\_\_\_
- 2. Net change by Change Orders \_\_\_\_\_ \$0.00
- 3. CONTRACT SUM TO DATE (Line 1 + 2) \_\_\_\_\_ \$0.00
- 4. TOTAL COMPLETED & STORED TO DATE \_\_\_\_\_ \$85.00  
 (Column G on G703)
- 5. RETAINAGE:
  - a. 5 % of Completed Work \_\_\_\_\_ \$4.25  
 (Column D + E on G703)
  - b. 5 % of Stored Material \_\_\_\_\_ \$0.00  
 (Column F on G703)
  - Total Retainage** (Lines 5a + 5b) \_\_\_\_\_ \$4.25
- 6. TOTAL EARNED LESS RETAINAGE \_\_\_\_\_ \$80.75  
 (Line 4 Less Line 27 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \_\_\_\_\_
- 8. **CURRENT PAYMENT DUE** \_\_\_\_\_ \$80.75
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE \_\_\_\_\_ -\$80.75  
 (Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous Months by Owner		
Total approved this Month		
<b>TOTALS</b>	\$0.00	\$0.00
<b>NET CHANGES by Change Order</b>	\$0.00	

**CONSTRUCTION MANAGER**

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Construction Manager certifies to the Owner that to the best of the Construction Manager's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**CONTRACTOR**

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**ARCHITECT'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED . . . . . \$ \_\_\_\_\_

*(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)*  
 ARCHITECT:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

**PROJECT INSPECTOR**

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Project Inspector certifies to the Owner that to the best of the Project Inspector's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_



**Contractor Pay Application Review Certification**

Site Name:	Request Date:
Project Name:	Project Code:
CM Name:	Purchase Order #:
Architect Name:	DSA App #:
Contractor Name:	Pay App #:

**1. Construction Manager**

I hereby certify I have reviewed all of the attached documents and I have verified the accuracy and completeness of all required documents.

**All Boxes Must Be Checked (if not applicable, check N/A boxes on the right):**      See Note 1.      N/A

<input type="checkbox"/>	Schedule of Values attached with this pay application has been approved.	<input type="checkbox"/>
<input type="checkbox"/>	Pay Application is certified by the contractor. (Notarized if required)	<input type="checkbox"/>
<input type="checkbox"/>	All the mathematical calculations are correct.	<input type="checkbox"/>
<input type="checkbox"/>	Architect of Record and Project Inspector have signed the Pay Application.	<input type="checkbox"/>
<input type="checkbox"/>	All the required Conditional & Unconditional Waivers have been received and are attached.	<input type="checkbox"/>
<input type="checkbox"/>	Only approved change orders are included in this pay application.	<input type="checkbox"/>
<input type="checkbox"/>	Contractor has revised the project schedule per contract and it has been accepted by CM.	<input type="checkbox"/>
<input type="checkbox"/>	Contractor has modified and updated the project As-Builts and it has been accepted by Project Inspector.	<input type="checkbox"/>
<input type="checkbox"/>	There are no Stop Payment Notices against this contractor.	<input type="checkbox"/>
<input type="checkbox"/>	Escrow invoice is attached (if applicable).	<input type="checkbox"/>

\* **Note 1:** Please see ESUHSD Front/End General Conditions 00-72-00 Section: 19.2.1.1.2.11. & .12. & .13. CM is responsible to obtain conditional and unconditional waivers from General Contractor and each subcontractor of ANY tier and supplier to be paid from current and previous progress payment.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subcontractors:**

_____	_____
_____	_____
_____	_____

**2. Capital Accounting Department**

<input type="checkbox"/>	Courtesy check of supporting documents submitted
<input type="checkbox"/>	Financial & Budget check in MUNIS

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**3. Capital Planning & Development**

<input type="checkbox"/>	Recommend Release of Payment ( <i>Senior Manager of the Bond Program's signature is required on Contractor Pay Application</i> )
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**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**East Side Union High School District**

**004**

**Capital Program Pay Application Request**

Site Name:	Request Date:
Project Name:	Purchase Order #:
Check Payable to:	Pay Application Date:
Address:	Pay Application #:

Attach original pay application. Make note of any Stop Notices on file.

**PROJECT STRING TO BE USED**

PO Line #	SEG 1	SEG 2	SEG 3	SEG 4	AMOUNT
					_____
					_____
					_____
					_____
					_____
					_____
					_____
					_____
					_____
<b>TOTAL</b>					<b>\$</b> _____

**FOR SAME PO ESCROW ACCOUNT USE ONLY**

Check Payable to:
Address:
Bank Escrow Account #:

Attach original pay application. Make note of any Stop Notices on file.

**PROJECT STRING TO BE USED**

PO Line #	SEG 1	SEG 2	SEG 3	SEG 4	AMOUNT
					_____
					_____
					_____
					_____
<b>TOTAL</b>					<b>\$</b> _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Capital Budget Manager