



STATE OF COLORADO  
OFFICE OF THE STATE ARCHITECT  
STATE BUILDINGS PROGRAMS

**APPLICATION FOR PAYMENT OF ARCHITECT/ENGINEER/CONSULTANT FEES**

Application No:	<input type="text"/>	Date	<input type="text"/>
Firm Name:	<input type="text"/>		
Institution/Agency:	<input type="text"/>		
Project No./Name:	<input type="text"/>		

FEES	AUTHORIZED (\$)	COMPLETE (%)	EARNED (\$)
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A. FEES PER PROJECT PHASE

1 Study or Programming Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Schematic Design Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Design Development Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Construction Document Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Bidding Phase	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Other Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Construction Contract Admin.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Fee for Additional Services to Date (Attach Breakdown)	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Reimbursable Expenses to Date (Attach proof of payment for billings included in this application)	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL	<input type="text"/>		<input type="text"/>
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B. LESS PREVIOUS APPLICATIONS	<input type="text"/>
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C. AMOUNT OF THIS APPLICATION (Attach A/E invoice to justify the exact dollar amount being authorized for this application)	<input type="text"/>
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D. SIGNATURES

ARCHITECT/ENGINEER	Date
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INSTITUTION/AGENCY (or Authorized Delegate)	Date
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STATE BUILDING PROGRAMS (or Authorized Delegate)	Date
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