SAN ANTONIO WATER SYSTEM ENGINEERING CONTRACT
PAYMENT ESTIMATE CERTIFICATE

SAWS Job No.:_____(Water) For Period _____ to _____ Est. No. _____
_____(Sewer) Project Name:_____

Appropriations

SAWS Resolution No.:_____ Date:_____ Amount:$_____
SAWS Resolution No.:_____ Date:_____ Amount:$_____

Payable to: Name:
Address:

Phone:

For Professional Services for the above referenced project in accordance with the duly executed Professional Services Contract.

Fee Classification:_____(A) or _____(B)

Preliminary Phase "A" Estimate $_____@____% x 90% = Basis Preliminary Phase "A" Design Fee of $_____
Preliminary Phase "B" Estimate $_____@____% x 90% = Basis Preliminary Phase "B" Design Fee of $_____
Design Phase Estimate $_____@____% x 90% = Basis Design Phase Design Fee of $_____
Bid Phase Estimate $_____@____% x 90% = Basis Design Phase Design Fee of $_____
Construction Phase Estimate $_____@____% x 90% = Basis Construction Phase Fee of $_____

1 Preliminary Phase "A"…….=25% of $_____ = $_____
2 Preliminary Phase "B"…….=40% of $_____ = $_____
3 Design Phase……=15% of $_____ = $_____
4 Bid Phase…….. = 5% of $_____ = $_____
5 Construction Phase……..=15% of $_____ = $_____

Amount Due This Estimate:

1 Preliminary Phase "A"……..= _____% of $_____ = $_____
2 Preliminary Phase "B"……..= _____% of $_____ = $_____
3 Design Phase……= _____% of $_____ = $_____
4 Bid Phase……..……= _____ % of $_____ = $_____
5 Construction Phase……=_____% of $_____ = $_____

Total Work Complete to Date: = $_____
(Less Previous Payments): = $_____
Amount Due This Estimate: = $_____

Certification is hereby made that this estimate is true and correct and eligible for payment.

Consulting Engineer Date

SAWS Contract Administration Date

Director, SAWS Engineering Date

Other Date