

JUDICIAL COUNCIL OF CALIFORNIA

Administrative Division, Facilities Services  
 455 Golden Gate Avenue, 8th Floor, San Francisco, CA 94102  
 2860 Gateway Oaks Drive, Suite 400, Sacramento, CA 95833



JUDICIAL COUNCIL OF CALIFORNIA

ADMINISTRATIVE DIVISION  
 FACILITIES SERVICES

ATTACHMENT P

Request for Payment

Project Name: _____	Master/Contract #: _____
Location of Project: _____	Amendment #: _____
Project Manager: _____	Period of Service: _____
Project/FM #: _____	Contract Expiration Date: _____
CFR # (if applicable): _____	PM Telephone #: _____
	PM Email Address: _____
<b>Invoice Remittal - Contractor Information</b>	
Contractor Name: _____	Federal Employer Id # (FEIN): _____
Address: _____	Invoice #: _____
City/State/Zip: _____	Invoice Date: _____
Contact Person: _____	Contractor Telephone #: _____
	Contractor Email Address: _____
<b>Work Description/Notes:</b>   	

- |  |       |                        |
|--|-------|------------------------|
| 1. Original Contract Amount for Phase or Task:                           | _____ |                        |
| 2. Amendments (Adds/Deducts):  | _____ |                        |
| 3. Subtotal:   | _____ |                        |
| 4. Total Billings to date for Phase or Task:<br>(Line 5+ Line 6) (Gross) | _____ |                        |
| 5. Less Amount Previously Billed (Gross):                                | _____ | Retention Held to Date |
| 6. Billing This Period (Gross)   | _____ | (Including Line 7)     |
| 7. Less 10% Retention (10% of Line 6):                                   | _____ |                        |
| 8. Amount to be Paid (Line 6 - Line 7)(Net):                             | _____ | _____                  |

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

JUDICIAL COUNCIL USE ONLY								
FUND	PCC	OBJECT CODE	COURT CODE	FY	ORACLE ID	AMOUNT	ORACLE LINE #	ORACLE DN#
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

<i>I hereby certify that the Goods/Services Invoiced herein were satisfactorily received, performed and hereby authorized payment.</i>		<b>Final Invoice?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Judicial Council Staff Print Name</b>		
<b>Judicial Council Staff Signature</b>	<b>Date</b>	
<b>Judicial Council Fiscal Analyst Print Name</b>		
<b>Judicial Council Fiscal Analyst Signature</b>	<b>Date</b>	