



DESIGN PROFESSIONALS - APPLICATION FOR PAYMENT

VERSION 1: BASED ON FIXED FEE OR NOT-TO-EXCEED FEE

BILL TO: Villanova University
 Facilities Management Office
 800 Lancaster Ave.
 Villanova, PA 19085-1699
 ATTN: Anne Ryan

FROM :

Firm Name
Address
City, St. Zip
Contact Name
Phone Number

PROJECT NAME : _____

VU PROJECT MANAGER : _____

VU PROJECT NO. : _____

CONSULTANT PROJECT NO. : _____ **APPLICATION DATE :** _____

FEE COMPONENTS	A	B	C	D	E	F	G	H
	ORIGINAL CONTRACT	CHANGE ORDERS TO DATE	CURRENT CONTRACT (A+B)	PERCENT COMPLETE	VALUE OF COMPLETED WORK (Cx D)	REIMBURSABLES TO DATE	PREVIOUS INVOICE AMT.	CURRENT INVOICE AMT. (E+F)-G
Architect/Lead Design								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #1:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #2:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #3:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #4:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #5:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #6:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #7:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Consultant #8:								
Document Preparation			\$0.00		\$0.00			\$0.00
Construction Administration			\$0.00		\$0.00			\$0.00
Other			\$0.00		\$0.00			\$0.00
TOTAL	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00

Instructions:

- (1) Please fill out all areas highlighted in Yellow (as applicable)
- (2) Please include the name of each consultant in the CLASSIFICATION area of this form.
- (3) Please initial any changes to this form prior to submitting / executing.

APPROVAL

Amount Approved: \$0.00

Owner - Level 1 : _____ **Date:** _____

Owner - Level 2 : _____ **Date:** _____

Owner - Level 3 : _____ **Date:** _____