Project Name Project No.

Campus

Contractor Contract No.

Architect Date

 **REQUEST FOR PAYMENT OF RETENTION TO CONTRACTOR FROM ESCROW ACCOUNT**

 **NO.**

The following data is referenced to Contractor’s Payment Request No. .

|  |  |  |
| --- | --- | --- |
|  |   |  |
| 1. Original Contract Amount | $  |  |
| 2. Approved Change Orders | $  |  |
| 3. Total Contract Amount |  | $  |
| 4. Total Earned to Referenced Payment Request |  | $  |
| 5. Total Retention to Date (5% of Item 4 above) | $  |  |
| 6. Less Previous Retention Payments | $  |  |
| 7. Total Retention Payment Due |  | $  |

Submitted by:

 Signature of Contractor Title Date

Approved for Payment:

 Signature of Construction Administrator Title Date

To State Treasurer:

Please approve and return this request for payment. You may email or fax a signed copy of this form to:

Name, Construction Administrator

Email address: Fax number:

*This certifies that there are enough funds in contractor’s escrow account, under escrow agreement no.* , *to release the above retention funds.*

 Signature, State Treasurer Date