

**CITY OF NEW PORT RICHEY, FLORIDA
CONTRACTOR'S APPLICATION FOR PAYMENT**

Gray Areas To Be Filled In By Contractor

Bid No. _____ Date 7/5/2024 Payment Number No.2-Final
 Application Period From 12/20/23 To 06/22/24
 Project Name 2024 PW HVAC Replacement Project
 Account Number _____
 Owner: City of New Port Richey Phone No. (727) 841-4536
 Engineer: _____ Phone No. _____
 Contractor: David Ruby, Air Mechanical & Service Corp. Phone No. (813) 363-2993

Contract Data

Change Orders

Bids Received	_____	No. <u>1</u>	Date <u>7/5/2024</u>	Time _____	Amount <u>\$ (3,750.00)</u>
Contract Start Date	<u>12/20/2023</u>	No. _____	Date _____	Time _____	Amount _____
Notice to Proceed:	<u>12/20/2023</u>	No. _____	Date _____	Time _____	Amount _____
Calendar Days for Completion	<u>300</u>	No. _____	Date _____	Time _____	Amount _____
Original Completion Date	<u>6/22/2024</u>	No. _____	Date _____	Time _____	Amount _____
Days Extension to Date	_____				
New Completion date	<u>6/22/2024</u>				

Summary of Project Status

Original Contract Amount	<u>\$ 85,000.00</u>	Total Work Completed	<u>\$ 81,250.00</u>
Adjustments to Date	<u>\$ (3,750.00)</u>	Material Stored on Site	<u>\$ -</u>
Revised Contract Amount	<u>\$ 81,250.00</u>	Total Earned to Date	<u>\$ 81,250.00</u>
Percentage Complete (\$)	<u>95.59%</u>	Less Retainage <u>0%</u>	<u>\$ -</u>
Percentage Complete (Time)	<u>107.03%</u>	Balance	<u>\$ 81,250.00</u>
Percentage Complete (Work)	<u>100.00%</u>	Less Previous Payments	<u>\$ 40,000.00</u>
		Amount Due this Period	<u>\$ 41,250.00</u>

CERTIFICATION OF CONTRACTOR

According to the best of knowledge and belief, I certify that this is a true and correct statement of work performed and materials delivered for the applications period stated above. I further certify that the Contractor has good title for all materials delivered under this Application for Payment, and there are no vendor liens, or other liens or rights to liens against this project, and that all previous payment requests received under this Contract have been applied to discharge in full all of the Contractor's obligations reflected in prior Applications for Payment, and that hourly wages paid to all employees on this project for the period of this Application are in accordance with the requirements of the Contract Documents.

Submitted for Payment:

AIR MECHANICAL & SERVICECORP. (AMSCO)

 (Contractor)
 By: DAVID RUBY

 (Signature)
 Name: DAVID RUBY

 (Print or type)
 Date: JULY 5, 2024

Recommended for Payment:

N/A

 (Design Professional)
 By: _____

 (Signature)
 Name: _____

 (Print or type)
 Date: _____

 (N/A)

Recommended for Payment:

City of New Port Richey

 (Project Manager)
 By: _____

 (Signature)
 Name: _____

 (Print or type)
 Date: _____

Approved for Payment:

City of New Port Richey

 (Owner)
 By: _____

 (Signature)
 Name: _____

 (Print or type)
 Date: _____
