Comptroller's Form 3A06 105 (Rev. 5-95) STATE OF TEXAS CONSTRUCTION VOUCHER						1. Agency Voucher No.			
a. Estimate No. b. Trans Code c. Batch No. d. Agency No.	о. e.								
1 090 3 4 6 7 Teg. Comptroller's Voucher No. H	9								
16							24		30
h. Type of Project.	i. Agency Na	me:							
j. Project No.	k. Contract D 37		I. Period Covere From:				m. Vouc 49	her Amount:	50
D	0.		q.		s.	t.	49	u.	59
16	Fund No.	FY	Cost Center	Comp. Object	Agency	Amou	int	Vendor Invoice No.	
v. Comptroller's Vendor I.D. No. 47 60 w. Agency Voucher No. 60		25 26	27 31	31 35	Object	36	46	68	74
16     22       1     x. Pay To: (Name, Address, City, State, Zip)	_								
2									
3									
4									
5 47 7:	3								
(Agency Use)									
				у.	TOTAL				
					101/12				
z. ORIGINAL CONTRACT								\$	
EXTRAS ORDERED								¢	
TOTAL								····· ,	
DEDUCTIONS ORDERED								\$	
TOTAL NET CONTRACT								\$	
TOTAL AMOUNT EARNED TO DATE							\$		
TOTAL RETAINED PERCENTAGE TO DATE \$									
TOTAL EARNED LESS RETAINED PERCENTAGE								\$	
TOTAL PREVIOUSLY APPROVED								\$	
AMOUNT DUE THIS ESTIMATE								\$	
ARCHITECT/ENGINEER CERTIFICATION -aa.			CONTRAC	TOR'S CE	RTIFICATI	ON -bb.			
I certify that I have verified this Construction Estimate, a statement of work performed and materials supplied by			e '						do
contractor's statement of his account and the amount due him is correct and that all work and material included in this Estimate have been performed in full accordance				hereby certify that I am					
with the terms and conditions of the corresponding cor and authorized changes thereto.									
					(Name d	of payee company/o	laimant)		
			l further o	artify that the				t it corresponds in eve	erv
			particular	with the sup		services contr		. I further certify that the	
BY:		Date						Date	
Architect/Engineer CC AGENCY CERTIFICATION -I certify that the above	e services we		Signature Recomme	ended for p	bayment.	Date		Date	
rendered, or goods received, and that they correspond in with the contract under which they were procured and tha unpaid.	every particul	ar	Ву						
Name	Title					(signature)			
Name	Title		For State Purchasing & General Services Commission						

## **CONTINUATION SHEET**

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

## APPLICATION NUMBER: APPLICATION DATE: PERIOD TO: ARCHITECT'S PROJECT NO:

А	В	С	D	E	F	G		Н	I
ITEM DESCRIPTION OF WORK SCHEDULE NO. VALUE	SCHEDULED VALUE	WORK COM FROM PREVIOUS APPLICATION (D+E)	PLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR F	TOTAL % COMPLETED (G+C) AND STORED TO DATE (D+E+E)		BALANCE TO FINISH (C-G)	RETAINAGE	
					DORE	(D+E+F)			