



INVOICE/Payment Request

Date Prepared:	Sheet ____ of ____	INVOICE/Payment Number:
Contract Number:	Required Completion Date:	Prompt Payment Discount: ____% if paid in ____ days after ____
Contractor's Name and Address:		Description and Location of Work:
Accounting and Appropriation Data:		

Bid Item	Description from Bid Price Schedule	Total Contract Amounts				Actual Amount Complete To-Date	
		UNIT	QTY	UNIT PRICE	AMOUNT	QTY	AMOUNT
Total:						Total:	

<p>REMARKS: ("Contractor's Release" statement MUST be completed <i>before</i> FINAL PAYMENT under this contract will be made.) Attach Subcontract Payment Data for Progress Payments as required by Payments Clause, FAR 52.232-5.</p>		a. Previous deductions other than retained percentage	
		b. Previous retained percentage	
		c. Previous payments	
		d. Previous earnings (a + b + c)	
		e. Earnings this period (Total "To-date" – d)	
		f. Less retained percentage	
		g. Less deduction other than retained percentage	
		h. Total deductions this period (f + g)	
		i. Amount due contractor this period (e + h)	
		j. Plus previous retained	
	k. Total amount due (i + j)		
USAID Actions:		RECAPITULATION: (sum of retained, paid, & balance = total contract amount)	
Admin Compliance Checked:	Date:	TOTAL RETAINED: (a + b + h - j):	
Received Date:	Accepted Date:	TOTAL PAID (c + k):	
Contracting Officer Approval:	Date Signed:	BALANCE remaining after this payment:	

CONTRACTOR'S RELEASE STATEMENT

UNDER CONTRACT:

(Print/Type COMPLETE Contract Number)

KNOW ALL MEN BY THESE PRESENTS: In consideration of the premise and the sum of ____ (Enter Numerical Number Here)

(____) (SPELL The Amount Here)

lawful money of the United States of America (hereinafter called the "Government") ____ (Enter Numerical Number Here)

(____) (SPELL The Amount Here)

of which has already been paid and (____) (SPELL The Amount Here)

of which is to be paid by the U.S. Government under the above-referenced contract, the undersigned Contractor does, and by the receipt of said sum, shall for itself, its successors and assigns, remise, release and forever discharge the U.S. Government, its officers, agents, and employees, of and from all liabilities, obligations, and claims whatsoever in law and in equity under or arising out of said contract.

IN WITNESS WHEREOF, this release has been executed this ____ day of ____
(Date) (Month) (Year)

WITNESS: _____
(Print/ Type Name) (Signature of Witness)

WITNESS: _____
(Print/Type Name) (Signature of Witness)

CONTRACTOR: _____
(Print/Type Company Name)

By: _____
(Print/Type Name of Contractor or Representative) (Signature of Contractor or Representative Completing RELEASE)

TITLE: _____

CERTIFICATE

I, _____, certify that I am the _____ /Secretary of
(Print or Type Name) (Print/Type Title, if other than Secretary)

the Company/Corporation named as the Contractor in the foregoing RELEASE; that _____
(Type/Print Name of Contractor or Representative)

who signed the above RELEASE on behalf of the Contractor was then the _____
(Company Position of the Contractor or Representative)

of said Company/Corporation; that said RELEASE was duly signed for and in behalf of said Company/Corporation by authority of its governing body and is within the scope of its Company/Corporate powers.

(Signature of Officer/Secretary Completing CERTIFICATE)

COMPLETE IF PROGRESS PAYMENTS ARE MADE UNDER THE CONTRACT:

In accordance with the clause at FAR 52.232-5, Payments Under Fixed Price Construction Contracts, I hereby certify to the best of my knowledge and belief that:

- (1) The amounts requested are only for performance in accordance with the specifications, terms and conditions of the contract;
- (2) Payments to subcontractors and suppliers have been made from the previous payments received under the contract, and timely payments will be made from the proceeds of the payment covered by this Certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code; and
- (3) This request for Progress Payments does not include any amounts that the Prime Contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the contract.

NAME: _____ TITLE: _____
(Print/Type Name) (Print/Type Title)

SIGNATURE: _____ DATE: _____

Subcontractor Payment Information

Date Prepared:	Sheet ____ of ____	INVOICE/Payment Number:
Contract Number:		Required Completion Date:
Name of Subcontractor:		Subcontractor Address:
Amount of Subcontract: \$ ____		
Amount Performed This Request: \$ ____		Total Amount Previously Paid: \$ ____
Name of Subcontractor:		Subcontractor Address:
Amount of Subcontract: \$ ____		
Amount Performed This Request: \$ ____		Total Amount Previously Paid: \$ ____
Name of Subcontractor:		Subcontractor Address:
Amount of Subcontract: \$ ____		
Amount Performed This Request: \$ ____		Total Amount Previously Paid: \$ ____
Name of Subcontractor:		Subcontractor Address:
Amount of Subcontract: \$ ____		
Amount Performed This Request: \$ ____		Total Amount Previously Paid: \$ ____
Name of Subcontractor:		Subcontractor Address:
Amount of Subcontract: \$ ____		
Amount Performed This Request: \$ ____		Total Amount Previously Paid: \$ ____

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the USAID, Bureau for Management, Office of Acquisition and Assistance.