802	TEXAS PARKS AND WILDIFE	**APPLICATION FOR PAYMENT**	(CONSTRUCTION VOUCHER)

INVOICE DATE	CAPPS SUPPLIER NO.	MAIL CODE (CAPPS)	TPWD PCC & PURCHASING METHOD	TPWD VOUCHER NO.

General Contractor (Payee) Remit Information:

Name: _____ City/State: _____

Address: _____ Zip: _____

NET AMOUNT DUE THIS INVOICE

TPWD CAPPS PO NO.

From Date	To (Delivery) Date	Invoice No.	Retainage Only	Amount

Draw No.:	TPWD Project No.:	Project Location/Work:	TPWD Receipt No.

Original Commitments……………………………………. $ _____

Approved Commitment Changes Additive………………… $ _____

Approved Commitment Changes Deductive……………… $ _____

Current Commitment……………………………………... $ _____

Total Amount Earned to Date …………………. $ _____

Total Retained Retainage to Date……............... $ _____

Total Earned Less Retainage………................ $ _____

Current Payment Due……………….................. $ _____

ARCHITECT / ENGINEER CERTIFICATION -

I certify that I have verified this Construction Voucher, and that it is a true and correct statement of work performed and materials supplied by the contractor, and that the contractor's statement of his account and the amount due him is correct and that all work and material included in this Voucher have been performed in full accordance with the terms and conditions of the corresponding construction contract documents and authorized changes thereto.

Architect/Engineer _____ Date _____

CONTRACTOR'S CERTIFICATION -

I _____ do hereby certify that I am _____
(Signature) (Title of Person Certifying)

And I am duly authorized to make this certification for and on behalf of:

_____
(Name of payee/company/claimant)

I further certify that the attached invoice is correct and that it corresponds in every particular with the supplies and/or services contracted for. I further certify that the account is true, correct, and unpaid.

_____
(Date)

AGENCY CERTIFICATION: I certify that the above services were rendered, or goods received; that they correspond in every particular with the contract under which they were procured; that the invoice is true and unpaid; and that the claim was presented to the State within the applicable limitations period.

Construction
Project Manager: _____ Phone: _____ Date Approved: _____

Note: eB workflow routing includes Contract

PWD-1356-A0900 (08/2024)

TEXAS PARKS & WILDLIFE