

## **Pencil Copy Checklist for Payments**

CONTRACT NO:	PAYMENT NO:	PAYMENT PERIOD FROM:	TO:
CONTRACTOR REPRESENTAT	TIVE NAME:	DATE: _	
INSTRUCTIONS: THIS DOCUM TO PREPARE FOR THE PAYM		W WITH THE CONTRACTOR WHEN RE	/IEWING THE PENCIL COPY
REQUISITION PREPARATION	(NA if not applicable)		
CONTRACTOR PAYMEN	T QUANTITIES CHECKED (FORM	// 39A/FORM 39B)	
CONTRACTOR PAYMEN	T BID PRICES CHECKED (FORM	39A/FORM 39B)	
MATHEMATICAL EXTEN	SIONS CHECKED		
DOCUMENTS THAT NEED TO	BE ON FILE		
CURRENT CERTIFICATE	S OF INSURANCE		
		S FOR BOTH CONTRACTOR AND SUBO	
APPROVAL OF EACH S	UBCONTRACTOR INCLUDED IN	I THIS PAYMENT HAS BEEN CONFIRM	ED
OVERRUN ITEMS NEGO	TIATED AND APPROVED (FORM	91)	
TIME EXTENSION APPR	OVED LETTER (FORM 51/FORM	<b>1</b> 52)	
C.O.'S LISTED ON FORM	39B ARE REGISTERED WITH TI	HE COMPTROLLER'S OFFICE	
"STORED MATERIAL" AF	PROVAL LETTER (FORM 38)		
NOTE BELOW, ANY DOCUMEN	ITATION THAT REQUIRES FURT	THER ACTIONS: (Example: Expired Insura	ance must provide by xx/xx/xx
PARKS R.E. / CONSULTANT R.	E. :	DATE:	
THE PENCIL COPY S		THIS DOCUMENT AND FILED FOR	REFERENCE WHEN