CITY OF TALLAHASSEE

<form></form>					CONTRACT PAY	REQUEST			
<form></form>		Payment From:	To:			Payment #		Contract #	_
	3. Payee: (If different	from the Contractor)							
<pre>e . Orginal Completion Data:</pre>									
<pre>? Charge Order (Addition(5)):</pre>									
<pre>8 Charge Order Dobaction(s):</pre>									
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19. Amount Requested(subtract lines 17 & 18 from 16):		ment(s):					_		
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(Signature)	(Contractor)			State of					
(Signature) [Signature] [Name] The foregoing instrument was acknowledged before me this(as identification) (as identification) (Name) who is personally known to me or has produced(as identification) (Cype of identification) (Name) Open of the number of the aspectation of the aspectation of the analysis of the aspectation More of the aspectation				Exampled this	day of		AD 10		
The foregoing instrument was acknowledged before me thisday of	(Signature)			Executed unis	day of		AD 19		
who is personally known to me or has produced(as identification) and who did (did not) (Type of Identification) are true and correct. Image: Note: This Section To Boom Error Down Error			LL Commendation	1	10 1				
take an oath. Contractor named above, who, says that the facts contained in the foregoing Certificate of Partial Payment are true and correct. My Commission Expire 20. NOTE: THIS SECTION TO BE COMPLETED FOR CONSTRUCTION PROJECT IF APPLICABLE: My Commission Expire 20. PO # FUND# CC # OBJ# PROJ # SUB # AMOUNT S My Commission Expire 20. PO # FUND# CC # OBJ# Project IF APPLICABLE: YOUTHING SUB # AMOUNT S 20. PO # FUND# CC # OBJ# Project IF APPLICABLE: TOTAL 20. PO # FUND# CC # OBJ# Project IF APPLICABLE: 21. ToTAL 21. Date: 23. 22. Date: 24. 23. Date: 24.	The foregoing instru	ument was acknowledged	1 before me this	day of	19, by		(Name)	
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