

**PROGRESS PAYMENT RECORD FOR ON-CALL CONSULTANTS**

**Contract Payment No. \_\_\_\_\_**

Project:	_____	TSO No.:	_____	TSO Pay No.:	_____
Prime or JV Consultant:	_____	Port's Contract Administrator:	_____		
Phone:	_____	Original TSO Authorized Amt:	_____		
Fax:	_____	Change Orders to TSO to Date:	_____		

**Note: Attach copies of invoices from subconsultants as well as from Prime or JV partners**

Total TSO Authorized Amount:	_____
Amount of Current TSO Invoice: (less retention)	_____
Total TSO Invoiced to Date: (less retention)	_____
Total TSO Paid to Date: (excludes this payment)	_____

Please list amounts billed from and paid to **each** member firm of the team. For prime or JV partners or associates, include only the share due these firm(s).

Each firms' invoiced date(s) *	Consultant or other service provider, including prime, JV partners or subconsultants	Total TSO budget amt., for each firm, incl. change orders	Current TSO invoice amt. for each firm (less retention)	Total TSO paid to date to each firm (excludes this payment)
<b>Total</b>				

\* If more than one invoice submitted from a firm, sum invoices together and reflect date of each invoice on the one line.

Under penalty of perjury the undersigned agrees that the foregoing information is true and correct.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_