|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor** | [Insert text here] | **Date** | [Insert text here] |
| **Contract No.** | [Insert text here] | **Project No.** | [Insert text here] |
| **Project Name** | [Insert text here] | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Claim Details | | | | Administrator’s Assessment | | | Principal’s Payment Details | |
| # | Date  Submitted | Amount $ | BCIPA (✓) | Amount  certified $ | Date  certified | Comments (if claims not paid in full, include reasons why) | Date | Amount |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **TOTAL CLAIMED** |  |  | **TOTAL CERTIFIED** |  |  |  |  |