

# PORT OF SAN FRANCISCO

PIER 1  
 SAN FRANCISCO, CA 94111  
 TELEPHONE (415) 274-0400  
 FAX (415) 274-0528  
 CEM-0107



Monthly Progress Payment #  
Submittal Check List

Date: \_\_\_\_\_

Attention: \_\_\_\_\_

**CONTRACT NO:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

	FOR PORT USE ONLY
CONTRACTOR _____ _____ _____ SUBJECT <u>Billing for the month of</u> _____ _____	DATE RECEIVED _____ DIRECTED TO _____ DATE TRANSMITTED _____ DATE RETURNED _____ DATE DISTRIBUTED _____

The following information/submittals are required prior to processing each monthly progress payment:

	<u>Date Submitted</u>	<u>Remarks</u>
1. Monthly Billing from Contractor with <b>wet signature</b> (Per approved Schedule of Values)	_____	_____
2. CMD Form #7	_____	_____
3. Subcontractor's Invoices, per CMD #7	_____	_____
4. CMD Form #9 (beginning with the 2 <sup>nd</sup> payment)	_____	_____
5. CMD Form #8 (for final payment only)	_____	_____
6. Construction and Demolition Debris Recovery Monthly Report (Per Spec. Section 01 74 50)	_____	_____
7. Hazardous Material Disposal Manifest (Per Spec. Section 01 35 45)	_____	_____
8. Certified Payroll Reports (in LCP Tracker)	_____	_____
9. Update As-Built Drawings (full set in the field)	_____	_____
10. Update Monthly CPM Construction Schedule (Per Spec. Section 01 32 16)	_____	_____

\_\_\_\_\_  
 SIGNATURE TITLE

cc: PM/PE \_\_\_\_\_ CM \_\_\_\_\_ Inspector \_\_\_\_\_ File \_\_\_\_\_ Other \_\_\_\_\_