Form 73150
4/01

APPLICATION FOR PAYMENT

BETTIS ATOMIC POWER LABORATORY
POST OFFICE BOX 79
WEST MIFFLIN, PA 15122-0079
ATTENTION:_____

Purchase Order No._____

Application No. _____ dated_____

Covering Period _____ to_____

Application is hereby made for payment of _____ dollars (which is the net amount shown below) on account of work performed under above order. Statement of Cost (Invoice) and supporting documentation, as required (i.e., delineation of lower-tier procurements, travel, overtime, and other charges) is attached.

SELLER			
ADDRESS			
AUTHORIZED COST RECORD		**RECORD OF PAYMENT APPLICATIONS**	
ORIGINAL AUTHORIZATION	**$**	**WORK COMPLETED TO DATE INCLUDING FEE**	**$**
C/N _____ TO _____	**$**	**LESS GROSS BILLING TO DATE INCLUDING RETENTION**	**$**
AUTHORIZATION TO DATE	**$**	**GROSS AMOUNT OF THIS APPLICATION INCLUDING RETENTION**	**$**
		LESS ___% RETAINED ON THIS APPLICATION	**$**
		NET AMOUNT OF THIS APPLICATION	**$**
I certify that this statement (with attachments) has been prepared from the books and records of the contractor designated hereon in accordance with the contract requirements and instructions hereon, and to the best of my knowledge and belief, that it is correct, that all time and material billed for contract performance has been worked and provided to the extent shown herein. I further certify that no property of a durable non-expendable nature was purchased or otherwise acquired except as itemized in the supporting documentation attached hereto.			
Name and Title of Contractor Representative Signing this form		**Signature/Date**	

BETTIS AUTHORIZATION AND APPROVAL FOR PAYMENT

Requisition certification that the number and categories of labor hours, material items, overtime hours, rental items, and other items for which payment is requested have been received and/or are reasonable for work performed during the period billed.

_____	_____	_____	_____
Signature	Title	Date	Charge No. (Budget No.)

Procurement certification that rates and charges billed are in accordance with the order terms, and that necessary billing support has been provided.

_____	_____	_____
Signature	Title	Date

Procurement Comments:_____
_____
_____