

<b>DEP-214ER</b>		<b>CERTIFICATION FOR ESTIMATE FOR</b>	Capital	Expense
THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION	FOR THE INCLUSIVE PERIOD (DATE TO DATE INCLUSIVE) through	CONTRACT REG. NO.		
CONTRACT ID	TITLE OF CONTRACT	REGISTRATION DATE		
CONTRACTOR'S NAME	CONTRACTOR'S ADDRESS	ORIGINAL CONTRACT AMOUNT		
		CURRENT CHANGE		
		CURRENT CONTRACT AMOUNT		

The undersigned Contractor or his representative certifies that no part of the Net Payment Due This Estimate has been received and that the services and/or materials represented by the details of the attached supporting periodic estimate are correct and were provided in the manner required by the contract and all authorized changes thereto. The undersigned further certifies that in the performance of any work arising out of this contract during the inclusive period, there has been compliance with the non-discrimination provisions of the Administrative Code of the City of New York and Section 220 of the New York State Labor Law, including the prevailing wage provisions of that section.

No. of Subs This Period

Outstanding claims against this contractor for labor, material and/or equipment used in fulfilling this contract are as indicated.

**NONE** As per attached list (show all claims not yet paid, even if settled, and all disputed claims.)

SUMMARY OF PAYMENT DETERMINATION THIS ESTIMATE		Capital	Expense	Current Total
(a) TOTAL Amounts Approved to Date (From Periodic Estimate)				
(b) Less Retained Amounts (Determined by Required Percentage)	<i>If Any Retainage Fill Value in to Line "b"</i>			
(c) TOTAL Approved For Payment Excluding Stored Materials				
(d) Additional Material Stored (from attached Form #214C)				
(e) MAXIMUM Approved to Date				
(f) Less Amounts Previously Approved=Prior Certification line e - line h				
(g) Maximum Payable This Estimate				
(h) Less Amounts Withheld				
(i) NET PAYMENT THIS ESTIMATE				
<b>FOR CONTRACTOR / CONSULTANT:</b>			GRAND TOTAL	
Signed by :	Title	Date	NET PAYMENT DUE	

**FOR RESIDENT ENGINEER OR PROJECT MANAGER**

I or my duly authorized assistants have inspected the material, its installation and other services provided by the Contractor and have found the quantities completed to be as stated in the attached periodic estimate and supplied in the manner required by the terms and conditions of the contract documents and authorized change orders thereto, against which this requested payment is to be applied.

Time in Consecutive Calendar Days	% Time	% Work	Time Extension Application	Contract Start Date	Original Scheduled Completion Date
Per Contract	Time Elapsed	Elapsed	Complete	Date Approved	cc days approved
					Current Scheduled Completion Date
Signed By	Date Approved	Division	Bureau		
Signed By	Date Approved	Division	Bureau		
Prepared by:	Title	Firm	Checked By:	Title / Firm	