

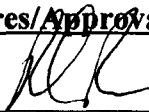
DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES**Payment Routing/Certification Records****Part I: Payment Data**[] FMC [☒] DRES [] OEC

1. Contract # 98F2654 CP # 37836 Capisid # PN 3261346
2. Project Name/Description OEM 7 World Trade Center
3. RE/PM Name Richard Ramos Telephone # 669-8086
4. Contractor/Consultant/Vendor _____
5. Contract Type (Check all that apply) ☒ Capital [] Expense [] Construction [] Lump Sum
[] Unit Price [] Requirements [] CM Build/Design Build [] Open Market Order
[] Consultant [] Other (please state) _____
6. Payment # 6 Amount Due \$ 340,007.00 Pay Per. _____ To _____
7. Payment Type (Check all that apply) ☒ Partial [] Change Order [] Task/Work Order
[] Substantial [] Final [] Retainage [] Bond Substance [] Article 17
[] Other (please state) _____

Part II : Processing Dates

1. In From Contractor 2/4/00 RE/PM In 2/7/00 RE/PM Sign Off 2/23/00
2. Budget In Date _____ Budget Out Date _____ Budget Rejection Date _____
3. Reason for Budget Rejection _____
4. FMC/DRES/OEC Out Date _____ FMC/DRES/OEC Rejection Date _____
5. Reason for FMC/DRES/OEC Rejection _____
6. EAO In Date _____ EAO Out Date _____ EAO Rejection Date _____
7. EAO's Reason for Rejection _____
8. Audit In Date _____ Audit Out Date _____ Audit's Rejection Date _____
9. Audit's Reason for Rejection _____

Part III: Required Signatures/Approvals

- | | | | |
|---|----------------------|--|----------------|
| 1. RE/PM Signoff
(DCAS Employees Only) | <u>Richard Ramos</u> |  | <u>2/23/00</u> |
| | Print Name | Signature | Date |
| 2. Budget Reviewer | _____ | _____ | _____ |
| | Print Name | Signature | Date |
| 3. EAO Auditor | _____ | _____ | _____ |
| | Print Name | Signature | Date |
| 4. Audit's Auditor | _____ | _____ | _____ |
| | Print Name | Signature | Date |