DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

Payment Routing/Certification Records

Part I: Payment Data

[ ] FMC [✓] DRES [ ] OEC

1. Contract # 98F2654 CP # 37836 Capisid # PW3261346
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

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