DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES

Payment Routing/Certification Records

Part I: Payment Data

[ ] FMC [✓] DRES [ ] OEC

1. Contract # 98F2654 CP # 37836 Capisid # PW 326134t
2. Project Name/Description OEM, World Trade Center
3. RE/PM Name Richard Ramos Telephone # 066-8086
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 .# 5 Amount Due $ 300,000 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 9/29/99 RE/PM In 9/29/99 RE/PM Sign Off 11/22/99
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) Richard Ramos _____ _____
   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