



## Letter of Transmittal for Pay Applications with Supplemental Requirements

<b>ASU Project Number</b>	DP(CMAR)	<b>Contractor Fax #</b>	
<b>ASU Project Name</b>			
<b>ASU Project Manager</b>			
<b>Design Professional Contractor</b>			
<b>Pay Application #</b>			
<b>Comments</b>			

Supplemental Requirements (If yes, Purchasing must review and approve the supplemental requirements portion of the pay application )

**Yes**  **No**

Certificate is attached for a **new or replacement** supplier of sub-contractor  
 Name of Vendor(s): \_\_\_\_\_

Department	Time Received (receiver)	Person Handing Off	Person Receiving
Design Professional		Print (GC)	Print (DP)
		signature _____ Date _____	signature _____ Date _____
CPMG/ OUA <b>2 days</b>		Print (DP)	Print (CPMG)
		signature _____ Date _____	signature _____ Date _____
Business Services <b>4 days*</b>		Print (CPMG)	Print (BS)
		signature _____ Date _____	signature _____ Date _____
Purchasing <b>4 days*</b>		Print (PUR)	Print (PUR)
		signature _____ Date _____	signature _____ Date _____
Business Services (SR)		Print (BS)	Print (BS)
		signature _____ Date _____	signature _____ Date _____
Financial Services <b>4 days</b>		Print (FS)	
		signature _____ Date _____	

Reasons for pay application delay or rejection \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Indicate simultaneous days    All days in **bold** are business days    SR to be used for supplemental requirements