

**Appendix 16.1b
Progress Payment Application Review Checklist**

University of Alaska Anchorage



Project Name and Project Number:

Project Manager (PM): Please ensure all items are completed and checked-off below.

Fiscal Manager (FM): Please ensure that any 5 items of your selection are completed and checked-off below.

Preliminary Review

PM	Item No.	Review Description	FM
<input type="checkbox"/>	1	Appropriate title & address of contracted parties included	<input type="checkbox"/>
<input type="checkbox"/>	2	Proper Project Title and application No. included	<input type="checkbox"/>
<input type="checkbox"/>	3	Correct payment application time period included	<input type="checkbox"/>
<input type="checkbox"/>	4	Appropriate contract date and reference No. used	<input type="checkbox"/>
<input type="checkbox"/>	5	Proper authorizing signature of contractor representative present	<input type="checkbox"/>
<input type="checkbox"/>	6	Architects certificate obtained	<input type="checkbox"/>
<input type="checkbox"/>	7	Application sequence number is correct (obtain prior application for use in the review of current document)	<input type="checkbox"/>
<input type="checkbox"/>	8	Change order summary examine (obtain copy of all current month approved change orders)	<input type="checkbox"/>
<input type="checkbox"/>	9	Previous months' sum to prior payment application traced	<input type="checkbox"/>
<input type="checkbox"/>	10	Contractors' change order log obtained	<input type="checkbox"/>
<input type="checkbox"/>	11	Change order summary compared to change order log	<input type="checkbox"/>
<input type="checkbox"/>	12	Pending change orders are not included	<input type="checkbox"/>
<input type="checkbox"/>	13	Line items, 1-3 and 7, compared to contract or prior payment application	<input type="checkbox"/>
<input type="checkbox"/>	14	Line 4 compared to total of column G of continuation sheet.	<input type="checkbox"/>
<input type="checkbox"/>	15	Lines 4 through 8 footed	<input type="checkbox"/>
<input type="checkbox"/>	16	Line 8 compared to contractor's conditional and unconditional lien release form	<input type="checkbox"/>

Continuation Sheet Review

PM	Item No.	Review Description	FM
<input type="checkbox"/>	17	Schedule of Value (column C) line items compared to contract, prior payment application Schedule of Value or updated change order log	<input type="checkbox"/>
<input type="checkbox"/>	18	Differences investigated and included in memo	<input type="checkbox"/>
<input type="checkbox"/>	19	Schedule of Value Column Footed	<input type="checkbox"/>
<input type="checkbox"/>	20	Work Completed compared to previous application (column D)	<input type="checkbox"/>
<input type="checkbox"/>	21	Differences investigated and included in memo	<input type="checkbox"/>
<input type="checkbox"/>	22	Previous application for work completed	<input type="checkbox"/>
<input type="checkbox"/>	23	Presence of subcontractor conditional and non-conditional lien releases examined. (Trace to lien release amounts, typically, amounts net of retention. Inspect for authorized signatures)	<input type="checkbox"/>
<input type="checkbox"/>	24	Material supplier invoices and/or contractors materials requisition/supply documents examined in For Materials Presently Stored (column F).	<input type="checkbox"/>
<input type="checkbox"/>	25	Vendor list for known and unknown vendors reviewed (Consider risk of fictitious vendors set up to clear fraudulent purchases)	<input type="checkbox"/>
<input type="checkbox"/>	26	Excess material purchases charged to the project but used elsewhere considered	<input type="checkbox"/>
<input type="checkbox"/>	27	Terms of purchase for missed discounts examined	<input type="checkbox"/>
<input type="checkbox"/>	28	Line items cross-footed	<input type="checkbox"/>
<input type="checkbox"/>	29	Total Completed and Stored to Date (column G) footed	<input type="checkbox"/>
<input type="checkbox"/>	30	Verify GC's fee (%) is per contract (GMP contracts only)	<input type="checkbox"/>
<input type="checkbox"/>	31	Verify subs' fees (%) are per contract (GMP contracts only)	<input type="checkbox"/>

Project Manager Reviewer Name

Project Manager Signature Date

Fiscal Manager Reviewer Name

Fiscal Manager Signature Date