**EXHIBIT A**

**ARCHITECT/ENGINEER STATEMENT**

**Firm Letterhead, address and contract person**

Date:

The University of Texas System

Office of Capital Projects

210 West 7th Street

Austin, Texas 78701

Project Name :

Project Stage Name :

Institution :

A/E Project No. :

OFPC Project No. :

Project Manager :

STATEMENT FOR ARCHITECTURAL/ENGINEERING SERVICES

Statement No. for the period ended ,

for services provided in accordance with A/E Agreement dated .

Professional Liability Insurance Policy expiration date:

I. BASIC SERVICES

Construction Cost Limitation/Construction Contract Award Sum $

(less Construction Contingency)

(Cost Adjustments – [Identify] $ )

Compensation @ % $

Services Performed to Date:

Total

Earned

Phase Fee Amount Complete To Date

Schematic Design 15% $ % $

Design Development 20% $ % $

Construction Documents 40% $ % $

Bidding 5% $ % $

Construction Administration 20% $ % $

Compensation Adjustments $ % $

Sub-Total % $

Amount Previously Billed deduct $

Net Amount Due This Statement $

II. ADDITIONAL SERVICES

Services Performed to Date: (Append Supplemental Material)

Total

Earned

Authorization Fee Basis Amount Complete To Date

(Amendment, letter (fee percentage as $ % $

of agreement, etc.) established in Art. 14.) $ % $

for Basic Services) $ % $

Sub-Total $

Amount Previously Billed deduct $

Net Amount Due This Statement $

III. CHANGE ORDER SERVICES

Services Performed to Date (Append Supplemental Material)

Total

Earned

C.P./C.O. No. Amount Fee Basis Amount Complete To Date

$ (fee % established $ % $

$ in Art. 14.5.) $ % $

$ $ % $

Sub-Total % $

Amount Previously Billed deduct $

Net Amount Due This Statement $

IV. REIMBURSABLE EXPENSES

(complete Attachment 1 to Exhibit D for further breakdown)

Expenses to Date (Append Supplemental Material)

Total

Earned

Type Amount Multiplier To Date

Travel $ 1.0 $

Reproduction/Postage $ 1.0 $

Other $ 1.0 $

Sub-Total $

Amount Previously Billed deduct $

Net Amount Due This Statement $

RECAPITULATION

Total

Net Amount Due Earned

This Statement To Date

I. BASIC SERVICES $ $

II. ADDITIONAL SERVICES $ $

III. CHANGE ORDER SERVICES $ $

IV. REIMBURSABLE EXPENSES $ $

V. PROMPT PAYMENT ACT INTEREST (Prior Payments) $ $

TOTAL AMOUNT EARNED THIS STATEMENT

TOTAL AMOUNT PREVIOUSLY BILLED deduct $

TOTAL AMOUNT DUE THIS STATEMENT $ $

I certify that the above Statement is correct and now due.

Signature Title Date

(Supplemental material shall include:

1. tabulation of hourly compensation by name, hours & pay rate:
2. by the firm
3. by consultants
4. receipts for reimbursable expenses
5. other substantiating information
6. Exhibits A and B on firm letterhead)

Approved by OFPC Project Manager:

Signature Date

Accounting Review:

Initial & Date

**FINAL PAYMENT CERTIFICATION AND LIEN WAIVER**

The Architect certifies that all persons, consultants and firms who supplied services to it in connection with this Project have been fully paid for their services or work items, or that they will be fully paid immediately upon receipt of this payment, and that there are no other outstanding debts, obligations or claims related to this Project for which the Owner may be liable or for which the Architect will look to the Owner for additional payment,. **This payment constitutes full and final payment to the Architect and its consultants for all services provided for this Project and the Owner is not obligated to make any more payments on their behalf.**

In consideration of the payment herewith made, the undersigned does fully and finally release and hold harmless The University of Texas System (Owner) from any and all claims, liens or right to claim or lien, arising out of this Project under any applicable bond, law or statue.

Signature Date

**FINAL HUB PLAN**

The HUB Plan form for final payment is included with this Final Payment Request.

Yes\_\_\_\_ No \_\_\_\_

**ATTACHMENT 1 TO EXHIBIT D**

IV. REIMBURSABLE EXPENSE DETAIL

**TRAVEL**

**POSTAGE/REPRODUCTION**



**OTHER**



**Total Reimbursable Expense $**

***\*****Description should consist of the individual travelling and the type of expense incurred.*

ATTACHMENT H TO EXHIBIT D

**HUB Subcontracting Plan (HSP)**

**Prime Contractor Progress Assessment Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***This form must be completed and submitted to the contracting agency each month to document compliance with your HSP.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contract/Requisition Number: | | | | | |  | | | | | | | | | | Date of Award: | | | | | |  | | | | | | | Object Code: | | | |  | |
|  | | | |  | | | | | | | | | | | (mm/dd/yyyy) | | | | | | |  | | | | | | | (Agency Use Only) | | | |  | |
| Contracting Agency/University Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractor (Company) Name: | | | | |  | | | | | | | | | | | | | | | State of Texas VID #: | | | | | | | |  | | | | | | |
| Point of Contact: | |  | | | | | | | | | | | | | | | | | | Phone #: | | | | |  | | | | | | | | | |
| Reporting Period: | | - Jan. | - Feb. | | | | | - Mar. | - Apr. | | - May | | - Jun. | | | | - Jul. | | - Aug. | | | | - Sept. | | | | - Oct. | | | - Nov. | | | | - Dec. |
| (Check only one Month) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Contract Amount Paid this Reporting Period to Contractor: | | | | | | | | | | | | $ | | | | | | | | | | | |  | | | | | | | | | | |
| ***Report HUB and Non-HUB subcontractor information*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subcontractor’s Name | | | | | | | | | | Subcontractor’s VID or HUB Certificate Number | | | | Total Contract $ Amount from HSP with Subcontractor | | | | | | | Total $ Amount Paid This Period to Subcontractor | | | | | Total Contract $ Amount Paid to Date to Subcontractor | | | | | | Object Code (agency use only) | | |
|  | | | | | | | | | |  | | | | $ | | | | | | | $ | | | | | $ | | | | | |  | | |
|  | | | | | | | | | |  | | | | $ | | | | | | | $ | | | | | $ | | | | | |  | | |
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| **TOTALS:** | | | | | | | | | | | | | | $ | | | | | | | $ | | | | | $ | | | | | |  | | |
| **Signature:**  **Printed Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | **Title:**  **Phone No.** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | **Date:** | | **\_\_\_\_\_\_\_\_\_** | | | |