# EXHIBIT F1

## APPLICATION FOR PAYMENT

**DATE:** _____________________________  **CONTRACTOR** ___________________

**REQUEST FOR PAYMENT #:** _________  **CONTRACT #:** ______________________

**FOR THE MONTH ENDING:** _____________

**PROJECT NAME:** _____________________________________________________

**ADDITIONAL DESCRIPTION:**

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### I. Billings

A. Fee Reimbursable Expenses
   - No Fee Reimbursable Expenses:
     - Q. WFGD Supplier Equipment
     - Y. PJFF Supplier Equipment
       - All Other No Fee Reimbursable Expenses
   - +B. Total No Fee Reimbursable Expenses
   - =C. Target Cost

D. Fee Reimbursable Change Orders

E. No Fee Reimbursable Change Orders

F. Total Target Cost

G. Base Fee

H. Change Order Base Fee

I. Invoice Amount

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### II. WFGD Supplier Equipment

J. Base Contract:

K. Change Orders:

L. Total Earned

M. Aggregate Payment Amount

N. Lesser of L or M

O. Previous Gross Amount Earned

P. Gross Amount = N-O

Q. Amount Included in Section I

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III. PJFF Supplier Equipment

R. Base Contract: 

+S. Change Orders: 

=T. Total Earned 

U. Aggregate Payment Amount 

V. Lesser of T or U 

W. Previous Gross Amount Earned 

X. Gross Amount = V-W 

Y. Amount Included in Section I 

IV. Provide Invoice - As Outlined in Attachment 1 - Invoice Summary Template 

V. Provide Invoice Detail - As Outlined in Attachment 2 - Invoice Detail Template 

Respectfully Submitted By: