EXHIBIT F1

APPLICATION FOR PAYMENT

DATE: _____ CONTRACTOR _____

REQUEST FOR PAYMENT #: _____ CONTRACT #: _____

FOR THE MONTH ENDING: _____

PROJECT NAME: _____

ADDITIONAL DESCRIPTION:_____

	Previous To Date	This Period	Total To Date
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			

II. WFGD Supplier Equipment	Previous To Date	This Period	Total To Date
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**			

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: