## Request for Payments

Federal Audit n/a - State funds

Project: CCLIP KDOT Project No. 39 KA-6909-01 (Estimated project cost \$900,000 - Grant amount \$900,000.00)

City of Anthony

Engineering Contract - \$53,374.97 (Payment to EBH cannot exceed 95% until after award of construction contract, then full amount -\$500 retainage, unless 6 mo, then full amount once agreement audited by sec

Construction Contract - \$Not yet bid.

Date:July 2, 2024

Payment Request Number: 7

Fund Paying Drawdowns: Capital Improvement Street 34-04-0001

			Approved by:					
	0.04	et Complete:	Portion of Project Complete:	\$30,893.16		Payment:	Total Reimbursement/Payment:	Total Rein
	\$0.00	or Project:	Total City Paid for Project:	\$32,169.04			ng to Date:	Total Billing to Date:
				\$1,275.88		equest:	Total This Payment Request:	<b>Total This</b>
\$0.00	\$30,893.16	\$0.00	\$32,169.04	DRAWDOWN TOTALS:	I			
								16
								15.
								14.
								13.
								12.
								11.
								10.
			\$1,275.88	Preliminary Engineering	EBH	7	7/2/24	9.
	\$8,201.15			Grant Reimbursement	State of KS		6/12/24	8.
			\$3,728.09	Preliminary Engineering	EBH	6	6/4/24	7.
			\$4,473.06	Preliminary Engineering	EBH	5	6/4/24	6.
	\$22,692.01			Grant Reimbursement	State of KS		4/9/24	5.
			\$4,209.38	Preliminary Engineering	EBH	4	4/2/2024	4.
			\$4,242.58	Preliminary Engineering	EBH	3	4/2/2024	3.
			\$10,916.82	Preliminary Engineering	EBH	2	4/2/2024	2.
			\$3,323.23	Preliminary Engineering	EBH	1	4/2/2024	1.
City's Share	State Reimb	Construction	Engineering	Service:	Vendor:	Invoice#	Date	

Greg Cleveland, Mayor

## **PAYMENT VOUCHER**

DATE:

June 22, 2024

Cyndra Kastens City Clerk

E-Mail:

Ckastens@anthonykansas.org

124 S Bluff Ave

Anthony, KS 67003

VENDOR INFORMATION

FIRM NAME: EBH Engineers

ADDRESS: 1105 Williams Street

City: Great Bend

State: KS

Electronic Deposit: NO

No/SFX

Zip: 67530

Contract No: 017232154

**KDOT Project No: 39 KA-6909-01** 

Work Type: Engineering Design

**Invoice No:** 

County: Harper

City: Anthony

Paid to Date: \$

30,893.16

**COMPUTATION OF PAYMENT DUE** 

Payment No: 7

**Total Cost Claimed:** 

32,169.04

**Less Prepaid Amount:** 

\$

**Less Previous Payments:** 

(30,893.16)\$

**Amount Due Vendor:** 

1,275.88

	Contract Amount		Previously Billed		Total This Bill		Total To Date	
Payroll:	\$	19,495.00	\$	10,207.79	\$	404.51	\$	10,612.30
Overhead:	\$	26,842.67	\$	16,941.86	\$	671.37	\$	17,613.23
Net Fee:	\$	5,000.00	\$	3,200.00	\$	200.00	\$	3,400.00
<b>Direct Expenses:</b>	\$	2,037.30	\$	543.51	\$		\$	543.51
Total:	\$	53,374.97	\$	30,893.16	\$	1,275.88	\$	32,169.04

I do hereby certify that the above bill is just, correct and remains due and unpaid and that the amount claimed is actually due according to the law.

## **PAYMENT VOUCHER**

STATE OF KANSAS
DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS & REPORTS
DA-120 DOT-2 (Rev. 11-91)

Warrant No.

Agency No.

276

Div. No.

Current Document Number
V

Document Date: Effective Date					Due Date:					
-										
		Vendor	Information		Paying Agency Name & Address					
No./Sfx			Electronic Depo	sit	KANSAS DEPARTMENT OF TRANSPORTATION					
Name:	Cyndra	Kastens	S		TOD SALFRANK, P. E., CHIEF					
	City Cle	rk			BUREAU OF LOCAL PROJECTS					
Street:	124 S E	Bluff Ave			700 SW HARRISON ST., 3rd FL. West, ESOB					
City,State,Zip:	Anthony	, KS 67	7003		TOPEKA, KANSAS 666	03-3745				
Date & Inv. No.	Quantity	Unit	Description			Unit Price	Amount			
			Project No. 39 KA-6909-01 CM Engineering Agreement Date: SP Payment No. 7 Total compensation not to exce Previous earned by City from KP Previous payments to City by KT Total claimed to date by Consultess City share (0 %) Subtotal	Septemb ed DOT DOT			\$53,374.97 30,893.16 30,893.16 32,169.04 0.00 32,169.04			
				0.00 32,169.04 30,893.16 1,275.88						
					Document 1					
	Audited:	Coded:	Approved:	Approved:			Approved:			
***************************************			Office in charge		Bureau Chief/Dist. Eng.	<i>-</i>	State Transportation Controller			
			s just, correct, and remains due and unpaid, ar	I do here	do hereby certify that the within was contracted for the State, under authority of law,					
that the amount claimed therein is actually due according to the law.  (Claimant sigh here)  (City Name)  Date 7-2-2			and that th	ne amount therein claimed is correct	according to	o such contract and is unpaid.				

Rev. 11-91

AN EQUAL OPPORTUNITY EMPLOYER

D.O.T. FORM NO. 424