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| **RECEIPT OF CONSTRUCTION DOCUMENTS OR MATERIALSfor Term Service Contracts** | Project No.: |       |   |
| NOTE: Read *Instructions for Consultant Term Service Contract Payment Submissions* prior to completing this form. Submit this original to the Client Agency Facility Representative for signature, and forward with appropriate payment application materials to: OGS Design and Construction, Division of Design, 31st Floor, Corning Tower, GNARESP, Albany, NY 12242. See distribution below. |
| Project Description: *(Project Title, Facility Name and Address)* | Contractor: |
|  | Facility Representative: |
|  | Date Documents/Materials Received: |

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| Spec. Reference | Number of Items | Description of Item |
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| Remarks: |

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| **CONTRACTOR** | **CLIENT AGENCY FACILITY REPRESENTATIVE** |
| Print Name |  | Print Name |  |
| Signature | Date | Signature | Date |
| Distribution: Original: Design and Construction Copies: Client Agency Facility Representative Contractor |  |