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| **Contractor** | [Insert text here] | **Date** | [Insert text here] |
| **Contract No.** | [Insert text here] | **Project No.** | [Insert text here] |
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| Claim Details | Administrator’s Assessment | Principal’s Payment Details |
| # | DateSubmitted | Amount$ | BCIPA(✓) | Amountcertified$ | Datecertified | Comments (if claims not paid in full, include reasons why) | Date | Amount |
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|  | **TOTAL CLAIMED** |  |  | **TOTAL CERTIFIED** |  |  |  |  |