

Project Name: Project Number: Sub-Contract #: Sub Contractor Name:

Phone: 571-223-0001

SUBCONTRACTOR PAYMENT APPLICATION

Subcontractor:	_ Order #
Sub Address:	
Project Name:	_
Invoice #:	_
Period From:	_
Period To:	_
Statement of Contract Amt:	
Original Contract Amt:	
2. Approved Change Orders:	
3. Adjusted Contract Amt:	
Value of Work Completed to Date:	
5. Value of Stored Materials:	
6. Total Value of Work Comp & Stored to date:	
7. Less Retain age of:	
8. Total (Line 6 minus Line 7):	
9. Less Prev. Payments/Requests:	
10. AMOUNT OF THIS REQUEST:	
11. Unapproved change orders:	
that all labor, material, suppliers, and/or sub-subcontract have been or will be paid in full with the monies from this except as noted on an attached document entitled "Exh further certifies compliance w/ all Federal, State, and Lo Unemployment Compensation and Workman's Compensor of the Work as it pertains to this Project and the terms a in consideration of the payment received and upon received document entitled "Exhibit B", the undersigned under any applicable surety bond or rights of lien upon	ted under the terms of the Contract. The Subcontractor certifies ctors used on or in connection w/ the performance of this Contract is requisition, for the work performed in the period stated above, ibit A" submitted w/ the Pay Application. The Subcontractor local tax laws, including but not limited to Social Security, insation laws insofar as it is applicable to the performance and conditions of the executed contract. Furthermore,
Authorized Signature:Print Name/Title:	Date:
Attached Documents: (Please check) Exhibit A:	

Fax: 571-223-0005