



SUBCONTRACTOR APPLICATION FOR PAYMENT

(This Form is Mandatory for Payment. Your Invoice is back-up only)

Sub. Name: _____ Date: _____

Address: _____ Billing Month: _____

Billing Contact: _____ Project Name: _____

Phone: _____ Project Number: _____

Email: _____ Subcontract#: _____

LINE DESCRIPTION	Contract Amount	% Complete	Complete to	Date	DO NOT WRITE IN THIS COLUMN
Labor					
Materials					
Total Approved Contract to Date:	\$ -		\$ -		

****The undersigned certifies that, to the best of the contractor's knowledge, the work on the above named job has been completed in accordance with the plans and specifications to the level of completion indicated on the attached schedule of completion.**

X _____
(Signature)

Original Contract Amount	\$	-
Net Change by Change	\$	-
Contract Sum to Date	\$	-
Total Complete to Date	\$	-
Total Retained	\$	-
Total Earned Less Retained	\$	-
Less Previous Billings	\$	-
Current Payment Due	\$	-
BALANCE ON CONTRACT	\$	-