

SUB CONTRACTOR 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				

Original Contract Amount: _____

Net Change by Change: _____

Contract Sum to Date: _____

Total Retained: _____

Total Earned Less Retained: _____

Less Previously Billings: _____

Current Payment Due:

BALANCE ON CONTRACT: _____

***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)