

SUBCONTRACTOR'S APPLICATION FOR PAYMENT



Phone: (919) 832-3770

Fax: (919) 839-2307

801 Oberlin Rd, Suite 235, Raleigh, NC 27605

From	Vendor #	Person To Contact
Address	Check if New Address	Phone Number
Project Name and Subcontract Number		Subcontractor's Invoice Number (optional)
Payment Request Number (Indicate if retainage only)	Billing Period From:	To:
Description of Work (Indicate if Base Contract/Extra/Change Order)		

Statement of Contract Amount: This allows for comparison of progressive Subcontract value only. This is not a billing section.

A. Your Original Subcontract Amount.....\$	_____
B. Total of All Approved Change Orders to Date.....\$	_____
Total of Pending Change Orders.....\$	_____
(List Change Orders Reflected In This Billing Period Only) _____	
C. Total Subcontract Amount to Date (A plus B).....\$	_____

Statement of Requisition. Billings are progressive. Show accumulative monthly totals and percentages complete less any retainage held to equal your net billing across this table. Final billing should result in a "0" Work in Place invoiced less negative retainage to net a payable retainage balance pay out on Line H. (All Blanks must be Filled In)

	% Comp	\$ Work in Place	\$ Retainage	\$ Net Billing
D. Cumulative Billing for Original Subcontract Work (Current Billing Plus Total of Line D from Previous Billing)	_____	_____	_____	_____
E. Cumulative Billing for Change Orders/Stored Material (Current Billing Plus Total of Line D from Previous Billing)	_____	_____	_____	_____
F. Cumulative Total of Monthly Billings to Date (D plus E)	_____	_____	_____	_____
G. Less Previous Billings (Line F from Previous Billing)	_____	_____	_____	_____
H. Total Due This Requisition (F minus G)	_____	_____	_____	_____

Subcontract No.	Job Code	Cost Code	PM APP	PM APP Date

Certificate of the Subcontractor

I hereby certify that the work performed and the material supplied to date, as shown on the above represent the actual value of the accomplishment under the terms of the contract, and all authorized changes thereto, between the undersigned and McDonald-York, Inc relating to the above project.

I also hereby certify that payments, less applicable retention, have been made through the period covered by previous payments received from the contractor, to (1) all McDonald-York subcontractors (sub-subcontractors) and (2) for all materials and labor used in or in conjunction with the performance of this Contract. I further certify I have complied with Federal, Atate and Local Tax Laws, including Social Security laws and Unemployment Compensation laws and Workmens Compensation laws insofar as applicable to the performance of this contract.

By: _____ Title: _____

Acknowledged before me this _____ day of _____, 20____

Notary Public: _____

My Commission Expires: _____

