SUBCONTRACTOR'S APPLICATION FOR PAYMENT



801 Oberlin Rd, Suite 235, Raleigh, NC 27605

Phone: **(919) 832-3770** Fax: **(919) 839-2307**

rom		Vendor #	Vendor #		Person To Contact	
Address		Check if New Address		Phone Number		
Project Name and Subcontract	Number			Subcontractor's Invoice N	umber (optional)	
Payment Request Number (Inc	dicate if retainage only)	Billing Period From:	То:			
Description of Work (Indicate i	if Base Contract/Extra/Change Order)					
Statement of Contract Am	nount:This allows for comparison of	progressive Subcontract value or	nly. <u>This is not a billing</u> s	section.		
A. Your Original Subcontrac	ct Amount		\$			
B. Total of All Approved Ch	ange Orders to Date		\$			
Total of Pending Change	Orders		\$			
	flected In This Billing Period Only)					
· -	int to Date (A plus B)					
	Billings are progressive. Show cun Illing should result in a "O" Work in P			etainage balance pay ou		
D. Cumulativa Billing for O	riginal Subcentract Work	70 COMP	\$ WOIN III Flace	φ Retainage	A Met pilling	
D. Cumulative Billing for Or	_		-	_		
· =	tal of Line D from Previous Billing)					
_	hange Orders/Stored Material	-	· -			
· =	tal of Line D from Previous Billing)					
	nthly Billings to Date (D plus E)					
9 ,	Line F from Previous Billing)	-	· -			
H. Total Due This Requisit	ion (F minus G)					
Certificate of the Sub	ocontractor					
	ork performed and the material suppl horized changes thereto, between th		•	·		
all McDonald York Building Contract. I further certify I	ayments, less applicable retention, has Company subcontractors (sub-subcontractors) have complied with Federal, State as laws insofar as applicable to the per	ontractors) and (2) for all material nd Local Tax laws, including Socia	s and labor used in or in	conjunction with the per	formance of this	
Ву:			Title:			
Acknowledged before me t	thisday of	, 20	_			
Notary Public:	M	y Commission Expires				
FOR OFFICE USE ON	ILY: Vendor#					
	Subcontract/PO #					
		Category				
		Date				