

CONTRACTOR PAYMENT APPLICATION

FROM CONTRACTOR:

PROJECT INFORMATION:

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

Application No. _____

Billing period ____/____/____ - ____/____/____

Contract Date: _____

Distribution to: _____

APPLICATION FOR PAYMENT

- | | |
|---|-----------------|
| 1. Original Contract Amount | \$ _____ |
| 2. Net Approved Change Orders | \$ _____ |
| 3. Adjusted Contract Amount
<i>(line 1 +/- line 2)</i> | \$ _____ |
| 4. Total Value of Work Completed & Materials Stored on Site to Date | \$ _____ |
| 5. Amount Retained (____%)
<i>(line 4 x % retained)</i> | \$ _____ |
| 6. Total Amount Earned
<i>(line 4 - line 5)</i> | \$ _____ |
| 7. Total Amount Received to Date | \$ _____ |
| 8. Current Payment Due
<i>(line 6 - line 7)</i> | \$ _____ |
| 9. Balance to Finish (including retainage)
<i>(line 3 - line 6)</i> | \$ _____ |

By signing this document the applicant for payment certifies that to the best of their knowledge, information, and belief that the above information is true and accurate. All work attributable to this Payment Application has been performed in a satisfactory, and workmanlike manner. All previous payments received by the applicant were properly disbursed, if required. As a result of performance in accordance with the terms of the contract documents, payment is due to the applicant in the amounts described above.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Date: _____