

# SUBCONTRACTOR'S APPLICATION FOR PAYMENT

(Developed as a guide by The Associated General Contractors of America, The National Electrical Contractors Association, and The Mechanical Contractors Association of America, The Sheet Metal and Air Conditioning Contractors National Association, and The National Association of Plumbing-Heating-Cooling Contractors).

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PAYMENT REQUEST NO. \_\_\_\_\_

PERIOD \_\_\_\_\_, 20\_\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_\_.

**STATEMENT OF CONTRACT ACCOUNT:**

1.	Original Contract Amount	\$ _____
2.	Approved Change Order Nos. _____ (As per attached breakdown) (Net)	\$ _____
3.	Adjusted Contract Amount	\$ _____
4.	Value of Work Completed to Date: (As per attached breakdown)	\$ _____
5.	Value of Approved Change Orders Completed: (As per attached breakdown)	\$ _____
6.	Materials Stored on Site: (As per attached breakdown)	\$ _____
7.	TOTAL TO DATE	\$ _____
8.	Less Amount Retained (____%)	-\$ _____
9.	Total Less Retainage	\$ _____
10.	Total Previously Certified (Deduct)	\$ _____
11.	AMOUNT DUE THIS REQUEST	\$ _____

**CERTIFICATE OF THE SUBCONTRACTOR:**

I hereby certified that the work performed and the materials supplied to date, as shown on the above represent the actual value of accomplishment under the terms of the Contract (and all authorized changes thereto) between the undersigned and \_\_\_\_\_ relating to the above referenced project.

I also certify that payments, less applicable retention, have been made through the period covered by previous payments received from the contractor, to (1) all my subcontractors (sub-subcontractors) and (2) for all materials and labor used in or in connection with the performance of this Contract. I further certify I have complied with Federal, State, and local tax laws, including Social Security laws, Unemployment Compensation laws, and Workmen's Compensation laws insofar as applicable to the performance of this Contract.

Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

BY: \_\_\_\_\_

Notary Public: \_\_\_\_\_

TITLE: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_