

SPECTRUM Inc. General Contracting

Notarized lien release must be attached with application for payment

Subcontractor Application for Payment

Name: _____ SIGC P.O./ Contract #: _____

Address: _____ Application/ Invoice #: _____

_____ Date: _____

Contact: _____ Project Name: _____

_____ Project Address: _____

_____ Period: _____ From: _____ To: _____

Application is made for Payment as shown below, in connection with the Contract.

1. ORIGINAL CONTRACT SUM..... _____
2. NET CHANGE BY CHANGE ORDERS..... _____
3. CONTRACT SUM TO DATE (Line 1+2)..... _____
4. TOTAL COMPLETED & STORED TO DATE..... _____
5. TOTAL EARNED LESS RETAINAGE..... _____
6. LESS: total of Invoices previously applied for _____
7. CURRENT BILLING DUE..... _____
8. BALANCE TO FINISH..... _____

APPROVED CHANGE ORDER BREAKDOWN:

Subcontractor Change Order Number:	SIGC P.O. #	Change Order Description	Amount:	Percent Completed	Back Up Attached