

SUBCONTRACTOR APPLICATION FOR PAYMENT

Notarized lien release must be attached with application for payment

Subcontractor Name:		Date:	
Address:		Contact:	
Project Name:		SIGC P.O./Contract #:	
Project Address:		Application/Invoice #:	
		Period:	_____ to _____

Statement of Contract Amount *Application is made for Payment as shown below, in connection with the Contract.*

- | | |
|--|----------|
| 1. Original Contract Sum | \$ _____ |
| 2. Net Changes 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 (Line 4 -5) | \$ _____ |
| 7. Current Billing Due | \$ _____ |
| 8. Balance to Finish (Line 6 – 7) | \$ _____ |

Approved Change Order Breakdown

Sub Change Order #	SIGC P.O. #	Change Order Description	Amount	% Completed	Back Up Attached