

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. Retainage (____%)	\$ _____
6. Total Earned Less Retainage (Line 4 – 5)	\$ _____
7. Less – <i>Total of Invoices previously applied for payment</i>	\$ _____
8. Current Billing Due	\$ _____
9. Balance to Finish, Plus Retainage (Line 3 – 6)	\$ _____

Approved Change Order Breakdown

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

Email Accounting@SpectrumIncGC.com when completed.