

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

912 8th Avenue South
Nashville, TN 37203
(615) 259-1516 FAX (615) 259-9111



SUBCONTRACTOR: _____
ADDRESS: _____
PROJECT: _____
PAYMENT REQUEST NO. _____ PERIOD TO: _____

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 certify 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 subcontract (and all authorized changes thereto) between the undersigned and the contractor 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-contractors) and (2) for all materials and labor used in or in connection with the performance of this Subcontract and agree to pay from these funds requested for the above payment period for all labor, materials and sub-contracted work used or ordered through such payment period. I further certify I have complied with Federal, State and local tax, including Social Security laws and Unemployment Compensation laws and Workmen's Compensation laws insofar as applicable to the performance of this Subcontract.

I hereby release and discharge the Landowner and General Contractor from any and all claims or liabilities relating to or growing out of my subcontract with the Contractor with regard to all labor performed, materials furnished or work subcontracted on the above project through and including the above payment period.

Date: _____
Subscribed and Sworn before me this _____ day of _____, 20____
Notary Public: _____ BY: _____
My Commission Expires: _____ TITLE: _____

OFFICE USE:

JOB NO. _____ COST CODE _____ VENDOR NO. _____
ACCT. APPR. _____ P.M. APPR. _____ DATE _____
COMMENTS _____