



Subcontractor's Application for Payment

PO Box 10367, Eugene, OR 97440
Office – 541-683-3607; fax- 541-485-1344

You may attach a copy of your invoice form for your record-keeping purposes. However, request for payment **WILL NOT** be processed from your invoice alone. This Application for Payment and the attached Conditional Waiver & Release From must be submitted to our office **by the 20th of the month** for which you are billing, projected through the end of the month.

Subcontractor:	Phone No:
Address:	Fax No:
Project Name:	Project No:
Subcontractors Application for Payment No. and/or Invoice No:	Subcontract No:
For Period from: to:	Today's Date:

Original Contract	Contract Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractors Use Only)
Total Original Contract	\$		\$	\$	\$	

Approved (issued) Change Order #'s	Contract Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractors Use Only)
Total Change Orders	\$		\$	\$	\$	

Contract-To-Date Completed-To-Date Previous App's This Application

Total Change Orders	\$		\$	\$	\$
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List Below Pending Change Orders:	
Description	Amount

Total Work Completed to Date	\$
Less Retention at 5%	\$
Total, Less Retention	\$
Less Previous Net Requests	\$
Net Due this Request	\$

Contractors Use Only

Amount Approved: \$ _____ Joint Check Yes No
 Discount Yes No
 Date: _____ Initial: _____

Contractor Use Only – Hold For:

Signed Subcontract	Lien Release	O & M's	Certified Payroll	Certificate –Liab Inc	Drug Policy
Signed Change Orders	Supplier Lien Release	Warranty	MFG Warranty	Certificate-W/C Inc.	Drug Log
Other:					