

TO:



1310 4th Ave. W. , Bradenton, FL 34205
 (941) 795-2732 x 5 / FAX (941) 795-3732
KimJ@ManasotaConstruction.com

APPLICATION FOR PAYMENT

PAYMENT REQUEST #

CONTRACT#:

** Please fill in all lines from your contract.
 *** You must also bill for retainage*

FOR PAY PERIOD FROM: _____ TO: _____

FOR THE PROJECT: _____

COMPANY NAME: _____

SUBCONTRACTOR #

- 1 Original Contract Sum
- 2 Net Change by Change Orders
- 3 Contract Sum to Date (Line 1+2)
- 4 Total Work Completed to Date
- 5 LESS: Retainage (if required)
- 6 Total Earned Less Retainage (Line 4-5)
- 7 LESS: Previous Payments
- 8 Current Payment Due (Line 6-7)
(Line 5 retainage)

AMOUNT	MCC USE ONLY
REQUESTED	APPROVED
	\$
	\$

CERTIFICATE OF SUBCONTRACTOR

I hereby certify that the work performed and the materials supplied to date, as shown above, represent the actual value of accomplishment under the terms of the Contract (and all authorized changes thereto) between the undersigned relating to the above referenced project.

I also certify that payments, **less applicable retainage**, have been made through the period covered by previous payments received from the Contractor to (1) all my Subcontractors (subcontractors) , and (2) for all materials and labor used in or in connection with the performance of this Contract. I further certify that I have complied with Federal, State, and local tax laws, including Social Security laws, Unemployment Compensation laws, and Workers' Compensation laws insofar as applicable to the performance of this Contract.

Date

SUBCONTRACTOR

By: _____