Subcontractor Application for Payment

This application must be completed and forwarded to Robert E. Porter Co., Inc. on or before the 25th day of each month in order to received payment when due. From: Company Name Address **Project Name** REP Job No. Your Invoice Number: Breakdown Total **Total** Less Total **Schedule** % **Gross Previous Due This** Months **Description By Item** of Values Complete Complete Month **Contract Amount** Total **Change Order Billings** Change Order #1 Change Order #2 Change Order #3 Change Order #4 Change Order #5 **Total Change Orders Total Revised Contract Amount** Total **Total Contract Amount Total Change Order Total Revised Contract Amount Total Contract Completed Total Change Orders Completed Total Revised Contract Completed (GROSS Billing)** Less Previous GROSS Billings **GROSS Amount Due THIS Billing** Less Retention THIS Billing **Net Amount Due THIS Billing** PLEASE NOTE ANY BILLINGS FOR STORED MATERIALS, ENCLOSE COPIES OF INVOICES FROM SUPPLIERS!!! I hereby certify that the work performed and the material supplied to date, as shown, above represents the actual value of accomplishment under the terms of the Contract (and all Authorized Changes hereto) between the undersigned and Robert E. Porter Construction Co., Inc. relating to the above project. I also certify the payments, less applicable retention, have been made through the billing covered by previous payments received from Robert E. Porter Construction Co., Inc. to all my subcontractors

also for all materials and labor used in or in connection with the performance of this Contract.

Date

Contractor