

# CONTRACT INTERIORS, LLC

PMB 158

4676 Commercial St SE

Salem, OR 97302

Phone: 503 371-7821

Fax: 503 371-8129

## Subcontractor/Supplier Application for Payment

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 Form must be submitted to our office **by the 25<sup>th</sup> 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.		
For Period from:		to:
		Today's Date:

Original Contract -(attach supplemental pages)	Contract Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractor Use Only)
Total Original from Supplemental Pages						

PCO's Issued	PCO Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractor Use Only)
<b>Total PCO's</b>						

	Contract-To-Date	Completed-To-Date	Previous App's	This Application
<b>Revised Contract Totals</b>				

List Below Pending PCO's:	
Description/Number	Amount

<b>Total Work Completed to Date</b>	
<b>Less Retention @</b>	<b>5%</b>
<b>Total, Less Retention</b>	
<b>Less Previous <i>Net</i> Requests</b>	
<b>Net Due this Request</b>	

Contractors Use Only			
Amount Approved: \$	Joint Check:	Yes	No
	Discount:	Yes	No
Date:	Initial:		

Contractor Use Only - Hold For:			
Signed Subcontract	Lien Release	Certificate-Liability	Warranty
Drug Policy	Certified Payroll	Certificate-W/C	Mfg Warranty
			O&M's
			Other