

# SUBCONTRACTOR'S APPLICATION FOR PAYMENT

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Return to: Griffin Construction Company  
Post Office Box 2207  
Fort Smith, AR 72902

## DESCRIPTION OF WORK COMPLETED FOR THIS DRAW:

DRAW # \_\_\_\_\_

**Original Contract Amount:** \$ \_\_\_\_\_

**Approved Change Orders:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Net Change Orders Total:** \$ \_\_\_\_\_

**Adjusted Contract Amount:** \$ \_\_\_\_\_

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**Value of Work Completed to Date:** \$ \_\_\_\_\_

**Value of Approved Change Orders Completed to Date:** \$ \_\_\_\_\_

**Materials Stored on Site (must attach actual invoice copies):** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Less 10% Retainage** \$ \_\_\_\_\_

**TOTAL EARNED** \$ \_\_\_\_\_

**Less Previous Billings** \$ \_\_\_\_\_

**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 Contract and all authorized changes thereto between the undersigned and Griffin Construction Company relating to the above referenced project.

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

Furthermore, in consideration of the payments received, the undersigned does hereby waive, release, and relinquish all claim or right of lien which the undersigned may now have upon the premises above described except for claims or right of lien for contract and/or change order work performed to the extent that payment is being retained or will subsequently become due.

Date: \_\_\_\_\_

Name of Company/Subcontractor

Subscribed and sworn by me

By: \_\_\_\_\_

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Title: \_\_\_\_\_

Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_