



HAMMERHEAD CONSTRUCTION

SUBCONTRACTORS APPLICATION FOR PAYMENT FORM

(This form must be completed. If you would like to attach your invoice and/or backup information please do so)

Subcontractor:	Date:
Contact:	Requisition #:
Address:	Project:
	Address:
Phone:	
Fax:	Job Number:

Original contract amount:	_____
Approved change orders: (shown on Page 2)	_____
New contract amount:	_____
Work completed on base contract:	_____
Work completed on approved change orders:	_____
Stored materials: (attach invoices and insurance	_____
Total work completed:	_____
Less 10% retention:	_____
Total amount due:	_____
Less previous payments:	_____
Less back-charges:	_____
Curren payment due:	_____

The undersigned being duly sworn, certifies that all work has been performed in accordance with this project contract documents and further certifies that all labor, materials, subcontractor services, federal, state and local taxes, social security, unemployment compensation and workman's compensation payments and requirements have been paid in full and indebtedness discharge for previous request for payment received and monies received from this request will be used to dispose of the same.

Furthermore, in consideration of the payments received, and upon receipt of the amount due, we hereby waive, release and agree to hold harmless all claim of RIGHT OF LIEN on the premises above discussed, and agree to hold harmless and indemnify the Owner from any and all claims made by any party claiming by, through, or under us.

Authorized Signature

Title

NOTARY

State of _____, County of _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20 ____

Notary Public: _____

My Commission Expires on: _____

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Subcontractor:	Date:
Project:	Project Number:

SUBCONTRACTOR CHANGE ORDER SUMMARY
(Attach back-up forms and/or tickets)

Change order #:	Date:	Approved by:	Description	Amount:
				.00
				.00
				.00
				.00
				.00

Approved Change Order Total: .00

INTERNAL USE ONLY

PENDING CHANGES, BACKCHARGES
OR ADJUSTMENTS

JOB NO. _____

CODE: _____

APPR. AMOUNT: _____

APPR. PM: _____

APPR. MGT: _____

ENTERED DATE: _____

