



CGC 1509555

P.O. BOX 23010 · JACKSONVILLE, FLORIDA 32241 · (904) 268-1008 · FAX (904) 268-8995

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

To: Tenant Contractors, Inc

From: _____

Project: _____

Payment Request No. _____

Period _____ to _____

STATEMENT OF CONTRACT ACCOUNT:

1. Original Contract Amount	\$	0.00
2. Approved Change Order Nos. _____ (As per attached breakdown) (Net)	\$	0.00
3. Adjusted Contract Amount	\$	0.00
4. Value of Work Completed to Date: (As per attached breakdown)	\$	0.00
5. Value of Approved Change Orders Completed: (As per attached breakdown)	\$	0.00
6. Materials Stored on Site: (As per attached breakdown)	\$	0.00
7. Total to Date	\$	0.00
8. Less Amount Retained (10%)	(\$	0.00)
9. Total Less Retainage	\$	0.00
10. Total Previously Certified (Deduct)	\$	0.00
11. AMOUNT DUE THIS REQUEST	\$	0.00

PAYMENTS CANNOT BE MADE WITHOUT YOUR LIEN RELEASE AND LIEN RELEASES FROM ALL SUPPLIERS AND SUBCONTRACTORS THAT HAVE FILED NOTICE TO OWNER.

For Office Use

Job Number: _____

Code: _____

Code: _____

Date Rec'd: _____

Approved _____

Entered _____

Paid _____

DATE _____

SUBCONTRACTOR

BY _____

(Authorized Signature)

TITLE: _____