

COMPANY NAME _____
 CONTACT _____
 PHONE _____
 FAX _____
 EMAIL _____

PROJECT _____
 LOCATION _____
 PAY APP # _____

ITEM # 2

PAY REQUEST - PLEASE MAKE COPIES FOR YOUR BILLING TO US

WORK COMPLETED AS OF		
1. Original Contract Amt	_____	
2. Approved CO's to date	_____	
3. Revised Contract Amt	_____	Line 1 + 2
4A. Total % of Work Completed to Date	_____	%
4B. Total Dollar Amt Completed to Date	\$ _____ -	Line 4A% x Line 3
5. Retainage Amt Withheld (10%)	\$ _____ -	Line 4B x .10
6. SUBTOTAL	\$ _____ -	Line 4B minus Line 5
7. Total Amt Previously billed	_____	ALL Dollar Amts Previously Billed
8. AMT DUE THIS INVOICE	_____	Line 6 minus Line 7
9. SUPERINTENDENT APPROVAL	_____	
10. Balance to Finish Including Retainage	_____	Line 3 minus Line 7 minus Line 8

ATTENTION - WE CAN NOT PAY YOU UNTIL WE HAVE RECEIVED THE FOLLOWING:

1. SIGNED COPY OF THIS SUBCONTRACTOR AGREEMENT
2. CERTIFICATE OF INSURANCE WITH CURRENT GL AND WC WITH HJB CONSTRUCTION, INC SHOWN AS
3. FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
4. YOU MUST BILL FOR RETAINAGE - WE DO NOT AUTOMATICALLY SEND YOUR RETAINAGE MONEY

All payment requests must be first approved by our site superintendent.