SUBCONTRACTOR APPLICATION FOR PAYMENT

TO: **T.W. CLARK CONSTRUCTION, LLC**
1117 NORTH EVERGREEN ROAD #1
SPOKANE, WA 99216
PHONE: **(509) 927-0800**

FROM: _____

_____

_____

PAYMENT REQUEST # _____ **JOB #** _____

PROJECT NAME _____

PERIOD FROM _____ **TO** _____

STATEMENT OF CONTRACT ACCOUNT

1	Original Contract Amount	$ _____
2	***APPROVED*** Change Orders	_____
3	Adjusted Contract Amount	$ _____
4	Value of Work Complete to Date - * Breakdown Attached *	_____
5	Value of Approved Change Orders Completed- ***** Breakdown Attached *	_____
6	***TOTAL TO DATE***	$ _____
7	Less Amount Retained _____ %	_____
8	Total - Less Retainage	_____
9	Less: Total Previous Payments Billed (line 8 from previous billing)	_____
10	***TOTAL AMOUNT DUE THIS REQUEST***	$ _____

_____ _____ _____
Authorized Company Signature Title Date
(Must be Owner/Officer)

****SCHEDULE OF VALUES IS REQUIRED WITH THIS FORM***