

Payment Request Application No.	For Office Use Only	
Time period to	Signed Contrac	t Received
From:	GL/WC Ins. Current Closeout Documents if billing over 95%	
	Other	
		Pay Date
- Fmail:	Job #	Cost Code:
Email: Project:		Retention
110,000.		
	App'd by:	Disc
Contract Summary:		
Original Contract Amount	\$	
Total of Change Orders No. 1 through (Include Written Approved Change Orders ONLY! Do NOT include pending of	\$ hange orders even if the work has pr	oceeded).
Total Revised Contract Amount	\$	
Payment Application Summary:		
1 % of Work Complete to Date	\$	
2 Amount previously billed (Line 1 from previous application)	\$	
3 Amount billing this month (1 minus 2)	\$	
4 Less: Retention 5%	\$	
5 Net Amount due (3 minus 4)	\$	
CERTIFICATE (	OF THE SUBCONTRACTO	R
I hereby certify that the work performed and the materials sunder the terms of the Contract (and all authorized change above referenced project.		n the above, represent the actual value of accomplishment v Rock Products, Inc. and the undersigned, relating to the
I also certify that payments, less applicable retention, have Contractor, to (1) all my subcontractors, (2) for all materials certify I have complied with the Federal, State, and local ta as applicable to the performance of the Contract.	and labor used in or in con	nection with the performance of this contract. I further
In consideration of the payments received, and upon receipt discharges Lakeview Rock Proiducts, Inc., Lakeview Rock and demands that the undersigned, his heirs, legal represe undersigned arising out of or in any manner connected with performed on the above referenced project.	Products, Inc.'s surety, and entative, and assignees may	the project owner from all actions, causes of action, claims, now have or that might subsequently accrue to the
Authorized Signature	Date	:
Title		