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CCB 163467

Subcontractor/Supplier Application for Payment

Attach a copy of your invoice form for record-keeping purposes. Request for payment **WILL NOT** be processed from your invoice alone. This Application for Payment and the attached Conditional Waiver & Release Form must be submitted to our office **by the 20th of the month** for which you are billing, projected through the end of the month.

Subcontractor:	Phone No:
Address:	Fax No:
Project Name:	Project No:
Subcontractors Application for Payment No.	
For Period from:	to:
Today's Date:	

Original Contract (attach schedule of values page)	Contract Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractor Use Only)
Total Original from Schedule of Values			-			

SCO#	SCO Description	SCO Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractor Use Only)
				-		-	
				-		-	
				-		-	
				-		-	
				-		-	
				-		-	
				-		-	
				-		-	
				-		-	
				-		-	
	Total SCO's	-	XXX	-	-	-	

	Contract-To-Date	Completed-To-Date	Previous App's	This Application
Revised Contract Totals	-	-	-	-

List Below Pending SCO's:	
Description/Number	Amount

Total Work Completed to Date	-
Less Retention @	5%
Total, Less Retention	-
Less Previous Net Requests	-
Net Due this Request	-

Contractors Use Only			
Amount Approved: \$	Joint Check:	Yes	No
Date:	Discount:	Yes	No
	Initial:		

Contractor Use Only - Hold For:				
Signed Subcontract	Lien Release	Certificate-Liability	Warranty	O&M's
Drug Policy	Certified Payroll	Certificate-W/C	Mfg Warranty	Other