COMMERCIAL APPLICATION FOR PAYMENT

ASI #	PROJECT:	CONTRACTOR:
REQ #		
DATE		

Change Orders approved in previous months by Owner TOTAL	APPROVED	DEDUCTIONS
Approved this Month		
Number / Date Approved		
TOTALS		
Net change by Change Orders		

1. ORIGINAL CONTRACT SUM . . . . . $_____
2. Net Change by Change Orders . . . . . $_____
3. CONTRACT SUM TO DATE (LINE 1+-2) . . . . . $_____
4. TOTAL COMPLETED & STORED TO DATE . . . . $_____
5. RETAINAGE:
   a. ____% of Completed Work $_____
   b.____ % of Stored Material $_____
   Total Retainage . . . . . $_____
   (line 5a + 5b)
6. TOTAL EARNED LESS RETAINAGE . . . . . $_____
   (LINE 4 - LINE 5 TOTAL)
7. LESS PREVIOUS PAYMENTS . . . . . $_____
   _____
8. CURRENT PAYMENT DUE . . . . . $_____
9. BALANCE DUE PLUS RETAINAGE . . . . . $_____

CUSTOMER

BY_____ DATE_____

CONTRACTOR

BY_____ DATE_____

Note: Any Application for Payment MUST BE SIGNED by both parties and ALL documents below attached (*)

Note:
* APPLICATION COVER SHEET
* APPLICATION CONTINUATION SHEET
* NOTARIZED AFFIDAVIT
* NOTICE & CERTIFICATION (when applicable)

INSPECTORS USE ONLY

APPROVED:_____

DATE:_____TIME:_____

DATE PROCESSED:_____