COMMERCIAL APPLICATION FOR PAYMENT

PKG #	PROJECT:	CONTRACTOR:
REQ #		
DATE		

Change Orders approved in previous months by Owner — TOTAL			
Approved this Month		ADDITIONS	DEDUCTIONS
Number	Date Approved		
TOTALS:			
Net change by Change Orders			

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 AND CERTIFICATION (when applicable)

1. ORIGINAL CONTRACT SUM..... $_____
2. Net change by Change Orders..... $_____
3. CONTRACT SUM TO DATE..... $_____
   (column C attached)
4. TOTAL COMPLETED & STORED TO DATE.... $_____
   (column G attached)
5. RETAINAGE..... $_____
   (column I attached)
6. TOTAL EARNED LESS RETAINAGE..... $_____
   (line 4 less line 5)
7. LESS PREVIOUS PAYMENTS..... $_____
8. CURRENT PAYMENT DUE..... $_____
   (line 6 minus line 7)
9. BALANCE DUE PLUS RETAINAGE..... $_____
   (line 3 minus line 6)

ASI INSPECTION USE ONLY

APPROVED BY: _____

DATE INSPECTED: _____ TIME: _____

DATE PROCESSED: _____

NOTATIONS:

11A Hampton Road, Exeter, NH 03833 | Phone: (603) 772-1180