

SUBCONTRACT PAY REQUEST

1. Faxed copy of this Pay Request will not be accepted. Original must be mailed to the attention of Accounts Payable by the 25th of each month. Faxed copies will not be acknowledged.
2. Attached Partial Release of Lien must be signed and submitted with Draw Request.
3. Attach approved Schedule of Values.
4. List Change Orders that have been signed by Wilson & Company, Inc. only.
5. Use partial or final release as applicable.
6. Submit separate invoice for Retainage.
7. **Without the required release(s), your payment will not be processed.**

Date of Draw Request:		Pay Request No.:	
Contract Date:		Subcontract No.:	
Subcontractor Name:		Phone No.:	
Subcontractor Address:			
Vendor No.:		Job Name:	
Contact Person:			

REMINDER: No payments will be made until you have submitted current General Liability and Worker's Compensation Insurance Certificates and completed a Form W-9 (Request for Taxpayer ID).

STATEMENT OF CONTRACT AMOUNT:

1. Original Contract Amount:		
2. Approved Change Order Numbers:		
3. Adjusted Contract Amount:	(#1 + #2)	
4. Value of Work Completed to Date:		
5. Materials Stored on Site:		
6. Total Earned to Date:	(#4 + #5)	
7. Less Retainage (10%)		
8. Total Less Retainage:	(#6 - #7)	
9. Less Previous Pay Requests:		
10. Current Payment Due:	(#8 - #9)	
11. Balance to Finish Including Retainage:	(#3 - #8)	

SUBCONTRACTOR'S SIGNATURE		DATE:	
APPROVED BY:		DATE:	