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SUBCONTRACTORS APPLICATION FOR PAYMENT

FOR OFFICE USE ONLY:

CWC Job #: _____ PM: _____ Date: _____

Subcontractor: _____	Invoice No.: _____
Address: _____	
Project Name: _____	
Project Address: _____	
Payment Request No: _____	Period: _____

STATEMENT OF ACCOUNT:

1. Original Subcontract Amount	\$	-
2. Approved Change Orders	\$	-
3. Subcontract Amount to Date	\$	-
4. Total Complete to Date	\$	-
5. Less Previously Invoiced	\$	-
6. Current Amount Due this Period	\$	-
7. Less Retainage (5%)	\$	-
8. NET DUE THIS INVOICE	\$	-
9. Subcontract Balance to Complete Project	\$	-

CERTIFICATE OF THE SUBCONTRACTOR:

I hereby certify that the work performed and the materials supplied to date, as shown on the above, represent the actual value of accomplishment under the terms of the subcontract (and all authorized changes there to) between the undersigned and Catworks Construction relating to the above referenced project.

I also certify that payments, less applicable retention, have been made through the period covered by previous payments received from the contractor, to (1) all my subcontractors and (2) for all materials, equipment rental and labor used in or in connection with performance of this subcontract. I further certify I have complied with Federal, State and local tax laws, including Social Security, Unemployment Compensation, that all work performed and materials furnished have been provided without discrimination as to race, creed, color, national origin, sex or age.

The undersigned fully releases Catworks Construction, its sureties, all funds earned by Catworks Construction, The Project and Project Owner from all claims, debts, actions, liens and bond rights arising out of or related to the construction of the Project, to the full extent that is has received payment for work performed to date as herein acknowledged. This receipt and Partial Release is in addition to all prior executed Receipts and Partial Releases.

Subscribed and sworn before me this _____ day of _____, 20_____.

Subcontractor/Supplier

Notary Public: _____

Authorized Signature

My Commission Expires: _____

Title: