

SUBCONTRACTOR PAYMENT APPLICATION

FROM: _____

PHONE: _____

TO: Paxton Construction, LLC
 7340 East Main Street, Suite #203
 Scottsdale, Arizona 85251
 Ph: 480.947.1117 Fax: 480.704.3561

Date: _____

Application No: _____

Sub Inv. Number: _____

Project Name: _____

Project Address: _____

Project No: _____

Contract Number: _____

Type of Work:

This payment request covers the time period from Through _____

Contract Summary:

- 1. Original Subcontract Amount _____
- 2. Approved Subcontract Changes (Attach Compass West Change Order) _____
- 3. Total Revised Subcontract Amount (Line 1 + Line 2) _____

Payment Application Summary:

- 4. Value of Work Completed To Date: _____
- 5. Value of Stored Materials: _____
- 6. Total Completed and Stored to Date (Line 4 + Line 5): _____
- 7. Less Prior Completed and Stored to Date (Line 6 from previous application): < _____ >
- 8. Total Gross Earned This Month (Line 6 - Line 7): _____
- 9. Less Retention Of _____ **10%** < _____ >
- 10. Amount of This Payment Application (Line 8 - Line 9): _____

Total value of unapproved extras or claims for which subcontract changes have NOT been issued. (Attach Detail): \$ _____ - _____

Comments:

Invoices WILL NOT be paid unless this request is accompanied by the appropriate release Waiver and a compliant Certificate of Insurance is on file in our office.

 SIGNATURE DATE

 NAME & TITLE