

**Subcontractor/Supplier
Application for Payment**



1925 NW 9th Street
Corvallis, OR 97330
Phone: 541.752.0381
Fax: 541.752.0472

*Please attach a copy of your invoice form for your record-keeping purposes. However, request for payment **WILL NOT** be processed from your invoice alone. This Application for Payment and the attached Conditional Waiver & Release Form must be submitted to our office by the **20th of the month** for which you are billing, projected through the end of the month.*

Subcontractor:	Phone No:
Address:	Fax No:
Project Name:	Project No:
Subcontractors Application for Payment No:	Invoice #
For Period from: _____ to: _____	Today's Date: _____

Original Contract	Contract Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractor Use Only)	Job Code (Contractor Use Only)
Total Original		#DIV/0!	-	-	-		

COR Issued	COR Amount	% Comp	Amt Completed to Date	Previous Applications	This Application	Cost Code (Contractor Use Only)	Job Code (Contractor Use Only)
			-		-		
			-		-		
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			-		-		
			-		-		
			-		-		
			-		-		
			-		-		
			-		-		
Total COR's Issued	-	#DIV/0!	-	-	-		

Revised Contract Total	-	#DIV/0!	-	-	-
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Total Work Completed to Date	-
Less Retention @ 5%	-
Gross Total, Less Retention	-
Less Previous Net Requests	
Net Due this Request	-

DO NOT WRITE IN THIS SPACE
PM Approval
Vendor #
SC #

***Must accompany signed conditional/unconditional Lien Waiver*

JOB #	Acct Type	Phase Code	Gross Amount	Retention	Discount	Net Amount Due

Contractor Use Only - Hold For:				
Signed Contract	Lien Release	Liability Certificate	Warranty	O&M's
Drug Policy	Certified Payroll	W/C Certificate	Mfg. Warranty	Other