

**APPLICATION FOR PAYMENT**



WAR CONSTRUCTION, INC. · P.O. Box 1218 · Tuscaloosa, AL 35403 · [www.warconstruction.com](http://www.warconstruction.com)  
4300 Joe Mallisham Parkway · Tuscaloosa, AL 35401 · Phone: 205-758-4723 · Fax: 205-349-3425

WAR Project # \_\_\_\_\_ Cost Code \_\_\_\_\_ AP \_\_\_\_\_ PM \_\_\_\_\_ Date \_\_\_\_\_ Paid \_\_\_\_\_

FROM: \_\_\_\_\_ PROJECT: \_\_\_\_\_

DATE: \_\_\_\_\_ PAYMENT REQUEST #: \_\_\_\_\_ PERIOD: \_\_\_\_\_

**STATEMENT OF CONTRACT ACCOUNT:**

- 1. Original Contract Amount: \_\_\_\_\_
- 2. Approved Change Orders No. \_\_\_\_\_ to \_\_\_\_\_: \_\_\_\_\_
- 3. Adjusted Contract Amount: \_\_\_\_\_
- 4. Value of Work Complete to Date:  
(As per attached breakdown) \_\_\_\_\_
- 5. Value of Change Change Orders Complete to Date:  
(As per attached breakdown) \_\_\_\_\_
- 6. Material Stored on Site:  
(As per attached breakdown) \_\_\_\_\_
- 7. Total Completed to Date (add lines 4, 5, 6): \_\_\_\_\_
- 8. Less Amount Retained ( \_\_\_\_\_ %): \_\_\_\_\_
- 9. Total Less Retainage: \_\_\_\_\_
- 10. Total Previously Certified (Deduct): \_\_\_\_\_
- 11. Amount Due this Request: \_\_\_\_\_

**CERTIFICATION OF THE SUBCONTRACTOR:**

I hereby certify that the work performed and the materials supplied to date, as shown on the above represents the actual value of accomplished work performed under the terms of the Contract (and all authorized changes thereto) between the undersigned and WAR Construction, Inc. relating to the above referenced project.

I also certify that the payments, less applicable retention, have been made through the period covered by previous payments received from the contractor, to (1) all my subcontractors (sub-contractors) and (2) for all my material and labor used in or in connection with the performance of this Contract. I further certify I have complied with Federal, State and local tax laws, including Social Security laws, Unemployment Compensation laws and Workers Compensation laws insofar as applicable to the performance of this Contract.

Furthermore, in consideration of the payments received, and upon receipt of the amount of this request, the undersigned does hereby waive, release and relinquish all claim or right of which the undersigned may now have upon the premised above described except for the claims or right of lien for contract and/or change order work performed to the extent that payment is being retained or will subsequently become due.

**SUBCONTRACTOR:** \_\_\_\_\_

**BY:** \_\_\_\_\_  
Authorized Signature

**PRINTED NAME:** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_