



SUBCONTRACTOR'S APPLICATION FOR PAYMENT

To: Stoehr Companies, Inc.
 5292 Enterprise Street, Suite A
 Eldersburg, MD 21874

From: _____
Subcontractor's Name

Street Address

City, State, Zip

Stoehr Project Manager: _____

Phone: _____ Fax: _____

Project Name: _____

Application #: _____

Stoehr Project #: _____

Subcontractor Invoice #: _____

Period From: _____ To: _____

Invoice Date: _____

Statement of Contract Amount

For SCI Use Only

1. Original Contract Amount	\$	-	_____
2. Net Change by Approved Change Orders <small>(per attached breakdown)</small>	\$	-	_____
3. Revised Contract Amount <small>(Line 1 + Line 2)</small>	\$	-	_____
4. Value of Work Completed to Date <small>(per attached breakdown)</small>	\$	-	_____
5. Value of Approved Change Orders Completed <small>(per attached breakdown)</small>	\$	-	_____
6. Total Value of Work Completed to Date <small>(Line 4 + Line 5)</small>	\$	-	_____
7. Less: Amount Retained <u>10%</u> <small>(Line 6 x Retainage %)</small>	\$	-	_____
8. Total Earned Less Retainage <small>(Line 6 - Line 7)</small>	\$	-	_____
9. Less: Previous Requisitions <small>(Line 8 - Line 9)</small>	\$	-	_____
10. Amount Due This Application <small>(Line 8 - Line 9)</small>	\$	-	_____
11. Balance to Finish, Including Retainage <small>(Line 3 - Line 8)</small>	\$	-	_____

The undersigned Subcontractor certifies that to the best of the Subcontractor's knowledge, information, and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Subcontractor for Work for which previous Certificates for Payment were issued and payments received from the Contractor, and that current payment shown herein is now due.

By: _____
(authorized signature)

Title: _____

Printed Name: _____

Date: _____

For SCI Office Use Only

Received Date: _____

Posted Date: _____

Subcontract #: _____

Hold Code: Hold PCO

Cost Code	Amount	Approval	Date

