

Main Office: 22105- B NE 72nd Avenue; Battle Ground, WA 98604 Phone (360) 666-1113 ~ Fax: (360) 666-2556 ~ www.catworksconstruction.com

SUBCONTRACTORS APPLICATION FOR PAYMENT

| FOR OFFICE USE ONLY: | | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------|----------------------------------------------|
| CWC Job #: | _ PM: | Date: _ | | |
| Subcontractor: Address: Project Name: Project Address: Payment Request No: | | | Invoice No.: | |
| STATEMENT OF ACCOU | NT: | | | |
| Original Subcontract Amo Approved Change Orders Subcontract Amount to | ount S | | \$ \$ \$ | - - - |
| 4. Total Complete to Date 5. Less Previously Invoiced | | | \$ \$ \$ \$ | <u>-</u> |
| 6. Current Amount Due this F | Period | | \$ | <u>-</u> |
| 7. Less Retainage (5%) 8. NET DUE THIS INVOICE | | | \$ | <u>-</u> |
| 9. Subcontract Balance to Co | omplete Project | | \$ | <u>-</u> |
| CERTIFICATE OF THE SUBO | CONTRACTOR: performed and the materials sup | oplied to date, as shown on the | above, represer | nt the actual value of |
| | ms of the subcontract (and all a | | | |
| from the contractor, to (1) all n performance of this subcontra | ss applicable retention, have being subcontractors and (2) for al ct. I further certify I have composite that all work performed and mex or age. | I materials, equipment rental ar lied with Federal, State and loc | nd labor used in a laws, inclu | or in connection with uding Social Security, |
| Project Owner from all claims, full extent that is has received | s Catworks Construction, its sur debts, actions, liens and bond payment for work performed to Receipts and Partial Releases. | rights arising out of or related to | o the construction | on of the Project, to the |
| Subscribed and sworn before | | | Subcontractor | -/Supplier |
| | | | by: | |
| INOIAIY FUDIIC. | | - | by: Authorized | d Signature |
| M. Ossanisti. E. I | | | | - |
| iviy Commission Expires: | | | Title: | |