Attachment 13-A

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

ELKINS CONSTRUCTORS INC.
701 West Adams Street Jacksonville, FL 32204 (904) 353-6500 Accounting Fax (904) 265-2600

To **Elkins Constructors, Inc.**

From _____

_____

Address _____

_____

_____

Phone _____

Fax _____

Project Name _____

Elkins' Project # _____

Application # _____

Period _____ **to** _____

STATEMENT OF CONTRACT AMOUNT

1.	Original Contract Amount	_____
2.	**Approved Change Orders Nos.** _____ (As per attached breakdown)	_____
3.	**Revised Contract Amount** (Line 1 + Line 2)	**$** _____
4.	Value of Work Completed to Date (As per attached breakdown)	_____
5.	Value of Approved Change Orders Completed (As per attached breakdown)	_____
6.	Materials Stored on Site (As per attached breakdown)	_____
7.	Less Unpaid Value of Extended Warranty (When applicable)	_____
8.	**Total to Date** (Line 4 + Line 5 + Line 6 - Line 7)	**$** _____
9.	Less Amount Retained (10 %) (Line 8 x Retainage %)	$ _____
10.	**Total Less Retainage** (Line 8 - Line 9)	**$** _____
11.	Less Total Previously Certified	$ _____
12.	**Amount Due This Request** (Line 10 - Line 11)	**$** _____

INTERNAL USE ONLY

VENDOR #	_____				
JOB #	_____	GROSS	_____	PROCESSED BY	_____
SUBCONTRACT #	_____	RETAINAGE	_____	APPROVED BY	_____
COST CODE	_____	NET	_____	JOINT CHECKS	_____

COMMENTS _____

_____

PAYMENTS CANNOT BE MADE WITHOUT YOUR LIEN OR BOND RELEASE AND LIEN OR BOND RELEASE FROM YOUR SUPPLIERS & SUBCONTRACTORS WHO FILED NOTICES TO OWNER

WAIVER AND RELEASE OF LIEN OR BOND UPON PROGRESS PAYMENT

The undersigned lienor, in consideration of the amount received, hereby waives and releases its lien or bond claim and right to claim a lien or claim against the bond for labor, services, or materials furnished through _____ (Date) to _____ (Customer) on the project of _____ (Owner of Property)

to the following described property: _____

This waiver and release does not cover any retention or labor, services, or materials furnished after the date specified.

Dated on _____

Lienor's Name _____

Address _____

_____

_____

Notary Public

By _____

Printed Name _____

Title _____
(Must be Officer or Manager)