



10425 Cogdill Road, Suite 100
 Knoxville, TN 37932
 (865) 966-8999 Phone (865) 966-3003 Fax accounting@rtcc.net

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

From (Company): _____

Address: _____

Phone Number: _____

Project: _____

Pay Request Number: _____

Pay Period FROM _____ TO _____

STATEMENT OF CONTRACT ACCOUNT:

1. Original Contract Amount	\$ _____
2. Change orders to date	\$ _____
3. Total contract to date	\$ _____
4. Total work in place _____%	\$ _____
5. Minus retaining amount ____%	\$ _____
6. Minus amount previously billed	\$ _____
7. TOTAL AMOUNT OF THIS INVOICE	\$ _____

PLEASE BE AWARE THAT YOU NEED TO BILL RETAINAGE SEPARATELY, AS REFERENCED IN YOUR CONTRACT, OR YOUR APPLICATION WILL BE SENT BACK TO YOU!

CERTIFICATE OF SUBCONTRACTOR:

I hereby certify that the work performed and the material supplied to date, as shown on the above, represent the actual value of accomplishment under the terms of the Contract (and all authorized changes thereto) between the undersigned and RTC, relating to the above-referenced project. I also certify that payments, less applicable retainage, have been made through the period covered by previous payments received from the Contractor, to (1) all my subcontractors and (2) for all materials 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 and Unemployment Compensation laws and Worker's Compensation laws insofar as applicable to the performance of this Contract.

I agree to the Certificate of Subcontractor statement as of _____ day of _____, 20_____

Subcontractor Signature (Electronic/Digital)

 Email of Person Signing Form

 Job Title of Person Signing Form