

McCARTY CONSTRUCTION, INC.

4995 Avalon Ridge Pkwy, Suite 250 ♦ Norcross, Georgia 30071 ♦ (770)447-4332 ♦ FAX:(770)447-4627

SUBCONTRACTOR'S PAYMENT REQUEST

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____
FAX: _____

PROJECT: _____
REQUEST #: _____
DATE: _____

1. ORIGINAL CONTRACT AMOUNT: \$ _____
 2. PREVIOUSLY SUBMITTED CHANGE ORDERS: \$ _____
 3. CHANGE ORDERS APPROVED THIS PERIOD: \$ _____
 4. CONTRACT SUM TO DATE: \$ _____

| OFFICE USE ONLY | |
|-----------------|-----|
| FWO | AMT |
| | |

5. TOTAL AMOUNT COMPLETED TO DATE: \$ _____
 6. LESS 10% RETAINAGE: \$ < _____ >
 7. TOTAL EARNED LESS RETAINAGE: \$ _____
 8. LESS PREVIOUS PAYMENTS: \$ < _____ >
 9. CURRENT PAYMENT DUE: \$ _____
 10. BALANCE TO FINISH INCL. RETAINAGE: \$ _____

SCHEDULE OF VALUES (MUST BE COMPLETED)

| DESCRIPTION OF WORK | SCHEDULED VALUE | WORK COMPLETED THIS PERIOD | TOTAL COMPLETED TO DATE | |
|---------------------|-----------------|----------------------------|-------------------------|---|
| | | | | % |
| | | | | |

SIGNATURE: _____

DATE: _____

***** OFFICE USE ONLY *****

CONTRACT \$ _____
 EXTRAS \$ _____
 B/C's \$ < _____ >
 DISCOUNT \$ < _____ >
 TOTAL \$ _____

SIGNED CONTRACT _____
 W-9: _____ WARRANTY: _____ L.R.: _____
 W/C EXPIR.: _____ G/L EXPIR.: _____

OF CHECKS TO ISSUE: _____
 1. \$ _____ SUBCONTRACTOR

SUPPLIERS

2. \$ _____
 3. \$ _____
 4. \$ _____
 5. \$ _____