FAU SUBCONTRACTOR REQUEST FOR PAYMENT

(to be used on all Florida Atlantic University Construction Projects)

Project Name: BT#	This request for payment must be submited by the 20th of the month and can include work through the 25th of this month.		
Construction Manager:		Subcontractor:	
Address:		Address:	
Phone/Fax:		Phone/Fax:	
This request No for work performed on		2 110110/12 11111	
the above project through pay period ending			
one and the project through pay period change			
ORIGINAL CONTRACT AMOUNT	\$ -		
Approved Change Orders	\$ -		
Approved Change Orders	\$ -		
Approved Change Orders	\$ -		
Approved Change Orders	\$ -		
Approved Change Orders	\$ -		
Approved Change Orders	\$ -		
Approved Change Orders	\$ -		
TOTAL REVISED CONTRACT AMOUNT	\$ -		
BILLING TO DATE			
BILLING TO DATE		Adjustments	
Value of Work performed to Date		110,00000000000000000000000000000000000	
Value of material Stored on Site			
Subtotal	\$ -	\$ -	
Less % Retainage	·	·	7
Amount Earned to Date	\$ -	\$ -	7
Less Previous Payments			7
Amount of this request #	\$ -	\$ -	
SUBCONTRACTOR:			
By signing below, I represent that I am authorize	ed to bind the company	providing this request paym	ent.
By:	_		
Title:	_		
Date:	_		
THIS SPACE R	ESERVED FOR CONS	TRUCTION MANAGER N	OTES

TO BE FILLED OUT BY CM

Job#	
Vendor#	
PO/Sub #	
Transmittal#	
Transmittal Date	
Approved by:	
Code	