

FAU SUBCONTRACTOR REQUEST FOR PAYMENT
 (to be used on all Florida Atlantic University Construction Projects)

Project Name:
BT#

This request for payment must be submitted by the 20th of the month and can include work through the 25th of this month.

Construction Manager:
Address:

Subcontractor:
Address:

Phone/Fax:

Phone/Fax:

This request No. _____ for work performed on the above project through pay period ending _____

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

		Adjustments	
Value of Work performed to Date			
Value of material Stored on Site			
Subtotal	\$	-	\$
Less _____ % Retainage			
Amount Earned to Date	\$	-	\$
Less Previous Payments			
Amount of this request #	\$	-	\$

SUBCONTRACTOR:

By signing below, I represent that I am authorized to bind the company providing this request payment.

By: _____
Title: _____
Date: _____

THIS SPACE RESERVED FOR CONSTRUCTION MANAGER NOTES

TO BE FILLED OUT BY CM

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