# SUBCONTRACTOR PAY REQUEST



TO: SKYE Building Services, LLC
2201 Long Prairie, Suite 107-833
Flower Mound, TX 75022

PROJECT NAME: _____

APPLICATION NO: _____

PERIOD TO: _____

SKYE SUBCONTRACT # _____

DATE OF SUBCONTRACT AGREEMENT: _____

FROM (Subcontractor):

_____

_____

_____

Application is made for Payment, as shown below, in connection with attached Contract Continuation Sheet.

## SUBCONTRACTOR'S APPLICATION FOR PAYMENT

| CHANGE ORDER SUMMARY | | ADDITIONS | DEDUCTIONS |
|---|---|---|---|
| Change Orders approved in previous months by Owner | | | |
| | PREVIOUS TOTAL | | |
| Approved this Month | | | |
| NUMBER | DATE APPROVED | | |
| | | | |
| | GRAND TOTALS | $0 | $0 |
| Net change by Change Orders | | | |

1. ORIGINAL CONTRACT SUM . . . . . _____
2. Net change by Change Orders . . . . . _____
3. CONTRACT SUM TO DATE (Line 1 + 2) . . . . . _____
4. TOTAL COMPLETED & STORED TO DATE . . . . . _____
   (Column G on Continuation Sheet)
5. RETAINAGE:
   a. 5% of Completed WORK
      (Column G on Continuation) $0.00
   b. 5% of Stored Material
      (Col. F on Continuation) _____
   Total Retainage (Line 5a + 5b or _____ $0.00
6. TOTAL EARNED LESS RETAINAGE . . . . . $0.00
   (Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
   (Line 6 from prior Certificate) . . . . . _____
8. CURRENT PAYMENT DUE . . . . . $0.00
9. BALANCE TO FINISH, PLUS RETAINAGE . . . . . _____
   (Line 3 less Line 6) $0.00

### RELEASE

The undersigned Subcontractor certifies that all materials, labor and services furnished by him through the above mentioned pay period have been paid for and the premises of the above named project can not be made subject to any valid lien or claim by anyone who furnished material, labor, or services to the Subcontractor for use in said project; and the Subcontractor hereby releases SKYE Building Services, LLC, and the Owner from any further liability in connection with all materials, labor and services furnished by the Subcontractor through this pay period.

This RELEASE is given in order to induce payment in the amount of $_____ and on receipt of said payment by the Subcontractor, this release becomes in full force and effect.

EXCEPTIONS ARE AS FOLLOWS: _____

_____

State of: Texas County of: _____

Subscribed and sworn to before me this ____ day of _____,20___

Notary Public Signature: _____

My Commission Expires: _____

SUBCONTRACTOR:

_____
Signature

_____
Title

_____
Date

**DO NOT ENTER IN THIS SPACE**

| Job No. and Cost Code | Gross Billing | Less Retainage | Net Payment Due |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |