

SCHEDULE OF VALUES

DRAW NUMBER: _____ Date: _____

SUBCONTRACTOR: _____

JOB ADDRESS: _____

Please list all tasks on your scope of work, contracted amount & percentage of work completed to date. The Amount Valued will calculate automatically. Deduct previous payments from the Amount Valued to get Requested Amount.

#	Task Description	Contract Amount	% Work Completed	Amount Valued	Requested Amount	RCG USE ONLY:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTALS:						

APPLICATION FOR PAYMENT

DRAW NUMBER: _____ Date: _____

SUBCONTRACTOR: _____

JOB ADDRESS: _____

Complete Schedule of Values first to adjust the calculated amounts in this form. For faster processing get on-site project manager to sign approval. Submit all documents to accounting@ryonconstructiongroup.com.

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

* Complete the Schedule of Values for this form to calculate payment due.

- 1 *Original Contract Amount: \$ _____
- 2 *Net Changes to Contract: \$ _____
- 3 *Total Contract Amount: \$ _____
- 4 *Total Completed To Date: \$ _____
- 5 *Retainage:
- a. _____ of Completed Work
- *Total Retainage: \$ _____
- 6 *Total Completed Less Retainage: \$ _____
- 7 -Less Previous Applications: \$ _____
- 8 *Current Payment Due: \$ _____
- 9 Balance to Finish Including Retainage: \$ _____

EXTRA WORK SUMMARY	ADDITIONS	DELETIONS
Changes From Prev Applications:		
Changes From This Application:		
Total:		
*Net Changes:		

SUBCONTRACTOR'S CERTIFICATION:

The undersigned Contractor to the best of his knowledge, information and belief of Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid to him for Work for which previous Certificates for Payment were issues and payments received from the Owner, and that current payment shown herein is now due.

WORK COMPLETED: _____

SUBCONTRACTOR: _____ DATE: _____

ON-SITE PROJECT MANAGER APPROVAL:

The Project Manager hereby confirms that based on site observations & to the best of his/her knowledge, this payment application accurately reflects the progression of work and that this work meets contract requirements sufficient enough to justify payment in the amount certified below:

AMOUNT CERTIFIED: \$ _____

Provide explanation below or attached if amount certified does not match this application amount.

PROJECT MANAGER: _____ DATE: _____

The Amount Certified is payable to the contractor listed above.