

DEVCON CONSTRUCTION, INC.

Subcontractor Payment Application

From: _____ Project Name: _____

Subcontractor Job No.: _____

To: **DEVCON CONSTRUCTION, INC.** Devcon Job # _____
 690 Gibraltar Drive Invoice No.: _____
 Milpitas, CA 95035 Date: () -

Is Invoice Attached? Yes No
If 'No' enter your telephone no.

Contract Summary:

- 1. Original Subcontract or Purchase Order Amount _____
- 2. Approved Subcontractor Changes (Attach List) _____
 C/O 1. _____
 C/O 2. _____
 C/O 3. _____
 C/O 4. _____
 C/O 5. _____
- 3. Total Revised Subcontract Amount (Line 1 + 2) _____

DO NOT WRITE IN THIS COLUMN

Payment Application Summary

Type of Work _____

The payment request which follows covers the time period from _____ to _____

- 4. Gross Amount of Work Completed to Date _____
- 5. Deduct Gross Previous Billings to Date _____
- 6. Gross Amount This Billing _____
- 7. 10% Retention of Line 6 _____
- 8. Current Payment Due _____

DO NOT WRITE IN THIS COLUMN

Total Value of Unapproved Extras or Claims for which Subcontract Changes have NOT been issued. (Attach Detail) \$

(DO NOT WRITE BELOW THIS LINE)

<p>REMINDER CHECKLIST</p> <p>To prevent delays in processing this application, make sure that</p> <ul style="list-style-type: none"> <input type="checkbox"/> Subcontract is signed and returned. <input type="checkbox"/> Insurance certificate is submitted and is current. <input type="checkbox"/> Affidavit is completed. (See other side of form). <input type="checkbox"/> Supplier and Sub-Subcontractor lien waivers are submitted. <input type="checkbox"/> Payment Application is submitted No Later than the 25th @ 9:00a.m.

<p>DO NOT WRITE IN THIS COLUMN</p> <p>Vendor No.: _____ Job No.: _____ Cost Code: _____</p>
