

Subcontractor's Application for Payment

LOVELESS COMMERCIAL CONTRACTING, INC.
 1821 State Street
 Cayce, S.C. 29033
 803/796-5551

Application NO: _____

Period to: _____

**This application is due in our office by the 22nd of each month.
 FAXED COPIES WILL NOT BE ACCEPTED**

Name: _____

Phone: _____

Address: _____

Project Name: _____

Project NO.: _____

Description of Work	Contract Amount	Percent Complete	Amount Complete
			-
			-
			-
			-
			-
			-
Change Orders	Contract Amount	Percent Complete	Amount Complete
			-
			-
			-
			-
			-

OFFICE USE ONLY	
Vendor NO: _____	Original Contract Sum _____ -
Contract NO.: _____	Change Order Amount _____ -
Job NO.: _____	Contract to Date _____ -
Cost Code: _____	(Approved) Completed to Date _____ -
	Materials Stored
Current Complete _____ -	Total Completed & Stored _____ -
Retainage _____ -	LESS Previous Gross Billing*
Insurance _____ -	Subtotal _____ -
Current Due _____ -	Retainage (____%) _____ -
Approved _____	Amount Less Retainage _____ -
	Workmans Comp (%) _____
	Net Current Payment Due _____ -

The undersigned certifies that all persons who have performed labor, or rendered services, all subcontractors, and all persons, firms or corporations including materialmen and third persons and their sources of supply, furnishing work, labor, services, supplies, material or any other items to this subcontractor used in connection with this project have been paid in full for the same.

Signature: _____

Date: _____