



SUBCONTRACTOR REQUEST FOR PAYMENT

Exhibit F

(subcontractor name)

Project: _____

Payment Request Number: _____

JOB #: _____

Invoice Number: _____

Cost Code No.: _____

Period From: _____

(Month, Day, Year)

(Month, Day, Year)

SUBCONTRACTOR:

From: _____

CONTRACTOR:

To: Steed Construction, Inc.
1250 E Iron Eagle Drive, Ste 200
Eagle, ID 83616
(208) 378-7300

NAME: _____

PHONE: _____

FAX: _____

Please submit your entire pay application to: payables@steedconstruction.com

FOR STEED CONSTRUCTION USE ONLY
The following items must be verified before the pay application is approved.
Progress and Final Payments:
<input type="checkbox"/> Insurance Documents Current in File
<input type="checkbox"/> Signed Subcontract in File
<input type="checkbox"/> Subcontractor's Supplier's List Verified
<input type="checkbox"/> Appropriate Lien Waivers Signed
<input type="checkbox"/> Schedule of Values Verified
Final Payments:
<input type="checkbox"/> O&M's, Warranty, As-Built's Approved
<input type="checkbox"/> Signed Punchlist Form Received
Notes: _____

<input type="checkbox"/> Accounting to talk to Project Manager before releasing payment
Payment Approved : _____
(Initials and Date)

STATEMENT OF CONTRACT AMOUNT:

(1) Original Base Contract Amount:	\$	-
(2) Approved Change Orders To Date:	\$	-
(3) Revised Total Contract (line 1+2):	\$	-
(4) Base Contract Completed To Date:	%	\$ -
(5) Approved Change Orders Completed To Date: (Attach Schedule of Values as Appropriate)	%	\$ -
(6) Total Gross Billings to Date (line 4+5):	\$	-
(7) Less Previous Gross Billings:	\$	-
(8) Gross Invoice This Request (line 6-7):	\$	-
(9) Less ___% Retention of Line 8:	\$	-
(10) Net Invoice This Request (line 8-9):	\$	-

PAY APPLICATION TERMS AND CONDITION

It is agreed and acknowledged that - to the best of the Subcontractor's knowledge and belief - all of the information provided in this form and other pay application forms are true, accurate and complete and that all information provided complies with the Contract Documents. It is understood that failing to properly fill out any of the pay application forms will delay processing until all of the information is provided.

SUBCONTRACTOR AUTHORIZED SIGNATURE:

BY: _____

LICENSE #: _____

DATE: _____

STATE REGISTRATION #: _____

REGISTRATION EXPIRATION: _____