

**CYE ENTERPRISES INC.
SUBCONTRACTORS APPLICATION FOR PAYMENT**

SUBCONTRACTOR: _____ PROJECT: _____ SUBCONTRACT NO: _____

PAYMENT APPLICATION NUMBER: _____ PERIOD from: _____ to: _____

- 1. Original Contract Amount \$ _____
- 2. Approved Signed Modifications \$ _____
- 3. Adjusted Contract Amount \$ _____
- 4. Value of Approved Original Contract Work _____ % \$ _____
- 5. Value of Approved Modification Work _____ % \$ _____
- 6. Total (4 + 5) \$ _____
- 7. LESS Amount Retained _____ % \$(_____)
- 8. TOTAL (Less Retained) \$ _____
- 9. Total Previously Invoiced (DEDUCT) \$(_____)
- 10. AMOUNT OF THIS REQUEST: \$ _____

CERTIFICATE OF THE SUBCONTRACTOR:

Certified Payroll is submitted through "period to" date: **Yes** **No**
Insurance certificate(s) up-to-date through "period to" date: **Yes** **No**

I hereby certify that the work performed and the materials supplied to date, as shown on the above represent the actual value of accomplishment under the terms of the Contract (and all authorized changes thereto) between the undersigned and CYE Enterprises, Inc. relating to the above referenced project.

I also certify that payments, less applicable retention, have been made through the period covered by previous payments received from the contractor to (1) all my subcontractors (sub-subcontractors) and (2) for all materials and labor used in or in connection with the performance of this Contract. I further certify I have complied with Federal, State and Local tax laws, including Social Security Laws, Unemployment Compensation laws, and Workman's Compensation laws insofar as applicable to the performance of this Contract.

Furthermore, in consideration of the payments received, and upon receipt of the amount of this request, the undersigned does hereby waive, release, and relinquish all claims or right of lien which the undersigned may now have upon the premises above described except for claims or right of lien for contract and/or change order work performed to extent the payment is being retained or will subsequently become due.

Authorized Signer: _____
 (Name/Title)

For Notary:
 Subscribed and sworn before me this _____ day of _____ (month) in the year _____.

Sign: _____

Notary Public: _____

Date: _____

Commission _____

Expires: _____

FOR CYE USE ONLY	Job		
	Acct/Type	5004	4
	Cost Codes		\$
			\$
	Sub/Rec#		
	PM Apprv		
Apprv Date			

(Notary Seal)