

## SUBCONTRACTOR PAY REQUEST

TO: **WJCreate, LLC.**  
180 Mirror Lake Dr N  
St. Petersburg, FL 33701

Request for Payment Number: \_\_\_\_\_

Pay Period Ending Date: \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project #: \_\_\_\_\_

Subcontract #: \_\_\_\_\_

Final Payment:  NO  YES

Description of Work: \_\_\_\_\_

1. Original Contract Amount \_\_\_\_\_

2. Net Amount of Approved Change Orders \_\_\_\_\_

3. Total Adjusted Contract Amount \_\_\_\_\_

**BILLING TO DATE**

4a. Value of Work Performed to Date \_\_\_\_\_

4b. Value of Materials Stored on Site \_\_\_\_\_

Subtotal: \_\_\_\_\_

5. Less \_\_\_\_\_ % Retainage \_\_\_\_\_

6. Earned to Date Less Retainage \_\_\_\_\_

7. Less Previous Payments \_\_\_\_\_

**8. AMOUNT OF THIS REQUISITION:** \_\_\_\_\_

9. Balance to finish (Including Retainage): \_\_\_\_\_

DO NOT WRITE IN THIS SPACE FOR WJC USE ONLY			
CODE	BILLING	RETAINAGE	NET
TOTAL:			
Approval _____	Date _____		
Vendor _____	PO/PC# _____		
Owner Draw # _____	CK Due _____		
Job # _____	CC _____		
Other _____			

### SUBCONTRACTOR CERTIFICATION

I hereby certify that the work performed and 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 WJCreate, LLC., related to the above referenced project. I further certify that payments, less applicable retainage, have been made through the period covered by previous applications for payment to (1) all of my vendors, laborers, lessors of construction equipment, subcontractors and/or sub-subcontractors and (2) for all materials, services and labor used in or in connection with the performance of this Subcontract, except as noted below. I further certify that I have complied with Federal, State and local tax laws, including Social Security laws, Unemployment Compensation laws and Worker's Compensation laws insofar as is applicable to the performance of this Subcontract. The undersigned has personally prepared and/or read and approved all statements and amounts set forth hereto, and certifies that he (she) is authorized to sign this request, acting for and on behalf of the firm named above.

Exceptions:

By: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* This Pay Request Form must be submitted with a notarized Progress or Final Waiver and Release of Lien Form\*\*