

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:

<input type="checkbox"/> NO	<input type="checkbox"/> YES
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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**