



# TRI-HURST CONSTRUCTION, INC.

## SUBCONTRACTOR'S APPLICATION FOR PAYMENT

377 West 300 South • Blanding, Utah 84511  
e-mail: jonna@tri-hurstconstruction.com • fax: 435-678-2027 • phone: 435-678-2766

SUBCONTRACTOR _____		PHONE _____	PROJECT _____
ADDRESS _____		FAX _____	DATE _____
CITY _____		FOR PERIOD FROM _____	TO _____
CORPORATION <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>
		ID # _____	

1. ORIGINAL CONTRACT AMOUNT.....		\$ _____
2. APPROVED CHANGE ORDERS.....		\$ _____
3. REVISED CONTRACT AMOUNT (lines 1 + 2)		\$ _____
4. WORK COMPLETED TO DATE (lines 5 + 6 + 7).....		\$ _____
5. WORK COMPLETED ON ORIGINAL CONTRACT	\$ _____	
6. WORK COMPLETED ON CHANGE ORDERS	\$ _____	
7. STORED MATERIAL (IF ANY)	\$ _____	
8. LESS RETENTION (line 4 x 0.05).....		\$ _____
9. SUBTOTAL (line 4 - 8)		\$ _____
10. LESS PREVIOUS APPLICATIONS FOR PAYMENT		\$ _____
11. CURRENT PAYMENT DUE (line 9 - 10)		\$ _____

### PENDING CHANGE ORDERS

# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____
# _____	_____	\$ _____

### CERTIFICATE BY CONTRACTOR OR SUPPLIER:

I hereby certify that the work performed and the materials supplied to date as shown above represent the actual value of accomplishment under the terms of the Subcontract Agreement and all authorized changes thereto between the undersigned subcontractor and TRI-HURST CONSTRUCTION, INC., relating the above project.

I further certify that all payments, less any applicable retention, through the period covered by previous payments received from TRI-HURST CONSTRUCTION, INC., have been made in full 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 that I have complied with Federal, State and Local tax laws, including Social Security, Unemployment Compensation, Workman's Compensation and Withholding Tax Laws, insofar as applicable to this contract and the at payroll fringe benefits where applicable have been applied.

BY _____	TITLE _____	DATE _____
----------	-------------	------------