



**SUBCONTRACTOR PAYMENT APPLICATION
RETENTION BILLING**

FROM: _____

Date: _____

Application Number: _____

Invoice Number: _____

Project Name: _____

DPR Project Number: _____

Contract Number: _____

PHONE: _____

FAX: _____

TO: RP Witt Construction, Inc
12627 San Jose Blvd, Ste 505
Jacksonville, FL 32223
Ph: (904) 425-6755 Fax: (904) 425-4968

Vendor Number: _____
(RPW Use Only)

Type of Work: _____

This payment request covers the time period from _____ to _____

Contract Summary:

- 1. Original Subcontract Amount \$ _____
- 2. Approved Subcontract Changes (Attach RPW Change Order) \$ _____ -
- 3. Total Revised Subcontract Amount (Line 1 + Line 2) \$ _____

Payment Application Summary:

- 4. Value of Work Completed To Date: _____ % \$ _____
- 5. Value of Stored Materials: \$ _____
- 6. Total Completed and Stored to Date (Line 4 + Line 5): \$ _____
- 7. Less Prior Completed and Stored to Date (Line 6 from previous application): <\$ _____ >
- 8. Total Gross Earned This Month (Line 6 - Line 7): \$ _____
- 9. Retention held on this project now due _____ % \$ _____
- 10. Total Gross Earned This Month plus Retention Due (Line 8 + Line 9): \$ _____

Total value of unapproved extras or claims for which subcontract changes have NOT been issued. (Attach Detail): \$ _____ -

Comments:

CONDITIONAL WAIVER AND RELEASE UPON FINAL PAYMENT

Upon receipt by the undersigned of a check from RP Witt Construction, Inc., in the sum of \$ _____ - payable to _____ and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, this document shall become effective to release any mechanic's lien, stop notice, or bond right the undersigned has on the job of _____ located at _____ This release covers the final payment to the undersigned for all labor, services, equipment or material furnished on the job, except for disputed claims for additional work in the amount of \$0.00. Before any recipient of this document relies on it, said party should verify evidence of payment to the undersigned.

Total Amount Received To Date: \$ _____

SIGNATURE DATE NAME & TITLE

Note: This document has important legal consequences; legal consultation with an attorney is encouraged with respect to its use or modification.