



**SUBCONTRACTORS APPLICATION FOR PAYMENT
AND WAIVER OF LIEN**

SUB'S COMPANY NAME: _____

MBC'S JOB NO: _____ **MBC'S JOB NAME:** _____

PAYMENT REQUEST NO: _____ **VENDOR INVOICE NO:** _____

PERIOD: _____ **TO:** _____ **FEDERAL ID NO:** _____ **(IF NOT INCORPORATED)** _____

STATEMENT OF CONTRACT AMOUNT:

- 1. ORIGINAL CONTRACT AMOUNT..... _____
- 2. TOTAL OF CHANGE ORDER #'S ____ THRU ____ ADD OR (DEDUCT)..... _____
- 3. ADJUSTED CONTRACT AMOUNT TO DATE (LINE 1+2)..... _____
- 4. TOTAL PREVIOUS BILLINGS/INVOICES (INCLUDING RETAINAGES)..... _____
- 5. REMAINING CONTRACT BALANCE (LINE 3-4)..... _____
- 6. DOLLAR AMOUNT FOR WORK COMPLETED THIS PERIOD..... _____
- 7. DOLLAR AMOUNT OF UNINSTALLED MATERIALS STORED ON SITE..... _____
- 8. TOTAL VALUE THIS PERIOD (LINE 6+7)..... _____
- 9. LESS ____10____% RETAINAGE (OF LINE 8)..... _____
- 10. TOTAL AMOUNT DUE THIS PERIOD (LINE 8-9)..... _____

*****YOUR COMPANY INVOICE AMOUNT MUST BE SAME AS LINE 10*****

** A current Certificate of Insurance specifying Worker's Compensation & General Liability must be on file with us before any work begins.
No payments will be made without this information.*

AFFIDAVIT, AGREEMENT, RELEASE AND WAIVER OF LIEN....CERTIFICATION BY SUBCONTRACTOR

I hereby certify that the Work performed and the materials supplied to date, as shown above, represent the true value of completion of the Work under the terms and conditions of the contract and all approved changes thereto, relating to the above referenced project.

I also certify that payments have been made through the period covered by previous Applications for Payment to all material suppliers, subcontractors, and labor including taxes applicable to the Contract, and have settled all claims for which payment is or will be due and owing as of the date of submission of this form.

I further certify I have complied with all Federal, State, Local, Social Security, Unemployment Compensation, and Workman's Compensation Laws as applicable to the performance of the Contract.

Upon acceptance of payment of this invoice, the undersigned hereby waives any and all liens and claims against the Work performed up to and including the date shown above.

This Company does hereby waive and release any and all claims against the Owner and McKinley Building Corporation and that if such claim is asserted or lien is filed or enforced, the Company will indemnify and save harmless the Owner and McKinley Building Corporation from any loss, damage, or expense arising therefrom.

Acceptance of this form and payment by the Owner/McKinley Building Corporation shall not be deemed to release the Company from any obligations including those to the Owner and McKinley Building Corporation.

BY: _____ **SUBSCRIBED AND SWORN TO ME THIS** _____ **DAY OF** _____, 20

TITLE: _____ **NOTARY PUBLIC:** _____

DATE: _____ **MY COMMISSION EXPIRES:** _____

SEAL