

SUBCONTRACTORS APPLICATION FOR PAYMENT

EXHIBIT F

To: **DENCO CONSTRUCTION SPECIALISTS**
 5525 Lyons Road
 Garland, Texas 75043

Project: **Garland Visitors' Center**
 211 Fifth Street
 Garland, Texas 75040

From: _____
Subcontractor / Vendor

Pay Request No: _____

Period: **From:** _____ **To:** _____

1) Original Contract Amount	\$	-
2) Amount of Change Orders through # _____	\$	-
3) Total Amount of Adjusted Contract	\$	-
4) Total Completed to Date (Gross)	\$	-
5) Less Retainage (10%)	\$	-
6) Total Due Subcontractor (Net)	\$	-
7) Less Previous Requests (Net)	\$	-
8) Amount Due this Request (Net)	\$	-

SUBCONTRACTOR'S / VENDOR'S CERTIFICATION:

I hereby certify that the work performed and the materials supplied to date, as shown above, represent the actual value of work accomplished under the terms of the Contract (and executed Change Orders) between the undersigned and DENCO Construction Specialists on the above referenced project.

I also certify that all payments, less applicable retainage, have been made for the periods covered by previous payments received from the Contractor, to (1) all my subcontractors, (2) for all materials and labor used, (3) all taxes, licenses, fees, premiums, and any other bills of whatever nature incurred during the performance of this Subcontract. I further certify that I have complied with federal, state, and local laws as they apply to the payment of wages and taxes as well as the regulations of the Worker's Compensation Commission.

Furthermore, in consideration of the payments received, and upon receipt of the amount of this request, the undersigned does hereby waive, release, and relinquish all claim or right of lien which the undersigned may now have upon the premises described above, except for claims or right of lien for work performed, consideration for which is being retained or will subsequently become due and payable.

Date

Subcontractor

Subscribed and sworn before me this _____
 _____ day of _____ 20____

By: _____
 (Authorized Signature)

Notary Public:

 Title:

My Commission Expires:

OFFICE USE ONLY:	
JOB # _____	GROSS THIS PERIOD _____
COST CODE _____	RETAINAGE _____
INV # _____	AMOUNT TO PAY _____
CHECK # _____	DATE OF PAYMENT _____