ORDELL CONSTRUCTION, LLC
Est. 1959 CCB 177132
Eugene • Springfield

360 Shelley St, Springfield, OR 97477
541-747-8734 FAX: 541-747-8735

Subcontractor/Supplier Application for Payment

*You may attach a copy of your invoice form for your record-keeping purposes. However, request for payment **WILL NOT** be processed from your invoice alone.*

*This Application for Payment and the attached Conditional Waiver & Release Form must be submitted to our office **by the 25th of the month** for which you are billing, projected through the end of the month.*

Subcontractor:	Phone No:
Address:	Fax No:
Project Name:	Project No:
Subcontractors Application for Payment No. and/or Invoice No:	Subcontract No:
For Period from: to:	Today's Date:

Description	Contract Amount	% Comp	Amount Completed To Date	Amount of Previous Applications	Amount of this Application	Cost Code (Contractor Use Only)
Original Contract	$ -		$ -		$ -	
			$ -		$ -	
Total Original Contract Items	$ -		$ -	$ -	$ -	

Approved (issued) PCO Numbers	PCO Amount	% Comp	Amount Completed To Date	Amount of Previous Applications	Amount of this Application	Cost Code (Contractor Use Only)
			$ -		$ -	
			$ -		$ -	
			$ -		$ -	
			$ -		$ -	
			$ -		$ -	
			$ -		$ -	
			$ -		$ -	
			$ -		$ -	
Total Approved PCO Items	$ -		$ -	$ -	$ -	

	Contract-To-Date		Completed-To-Date	Previous App's	This Application
Revised Contract Totals	**$ -**		**$ -**	**$ -**	**$ -**

Pending PCO's	
Description	Amount

Total Work Completed to Date		**$ -**
Less Retention at	**5%**	**$ -**
Total, Less Retention		**$ -**
Less Previous *Net* Requests		**$ -**
Net Due this Request		**$ -**

Contractors Use Only

Amount Approved: $ Joint Check: Yes No

Discount: Yes No

Date: Initial:

Hold For:

Signed Subcontract	Lien Release	O&M's	Certified Payroll	Certificate-Liab Ins	Drug Policy
Signed Change Orders	Supplier Lien Release	Warranty	Mfg Warranty	Certificate-W/C Ins	Drug Log

Other (reason why):