KNR BUILDERS

Tele: 714-259-1700 Fax: 714/259-1707

PAY REQUEST

SUBCONTRACTOR INVOICE #: _____ VENDOR NAME: _____

DATE OF INVOICE: _____ JOB NAME: _____

SUBCONTRACT #: _____

FOR WORK COMPLETED THROUGH _____

☐ SUBCONTRACT ☐ PURCHASE ORDER

SUBCONTRACTOR: PLEASE ATTACH CONDITIONAL RELEASE TO PAY REQUEST

ORIGINAL CONTRACT AMOUNT>>>>>>>>>>>>>>>>>>>>>>>> _____

APPROVED CHANGE ORDERS THRU (SCO #_____)>>>>>>> _____

REVISED CONTRACT AMOUNT>>>>>>>>>>>>>>>>>>>>>>>> _____

WORK COMPLETED TO DATE (_____%) (DOLLAR VALUE)> _____

LESS PREVIOUS GROSS BILLINGS (BEFORE RETENTION)> _____

SUBTOTAL (THIS MONTH'S WORK)>>>>>>>>>>>>>>>>>>>>> _____

LESS RETENTION (10%)>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____

NET AMOUNT DUE THIS PAYMENT REQUEST>>>>>>>>>>>>>> _____

DATE: _____ NAME: _____

VENDOR NAME: _____ TITLE: _____

KNR USE ONLY:

	YES	NO	N/A
INSURANCE			
PRELIM			
BOND			

APPROVED: _____

DATE: _____