

**SCHEDULE "C"**  
**SUBCONTRACTOR'S APPLICATION FOR PAYMENT**

To. SAWCROSS, INC.  
10970 New Berlin Road  
Jacksonville, FL 32226-2270

FROM: \_\_\_\_\_  
ADDR: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL ADDR: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

SUBCONTRACT NUMBER: \_\_\_\_\_

PAYMENT REQUEST NUMBER: \_\_\_\_\_ PERIOD \_\_\_\_\_, to \_\_\_\_\_,

STATEMENT OF SUBCONTRACT ACCOUNT:

For office use only

1. Original Subcontract Amount	\$ _____		\$ _____
2. Approved Change Order Numbers _____	_____		_____
3. Adjusted Subcontract Amount	_____		_____
4. Value of Work Completed to Date	_____		_____
5. Materials Stored on Site (attach copies of all invoices)	_____		_____
6. Total to Date	_____		_____
7. Less Amount Retained (10%)	< _____ >		< _____ >
8. Total Less Retained	_____		_____
9. Less Total Previously Certified	< _____ >		< _____ >
10. AMOUNT DUE THIS REQUEST	_____		_____

**CERTIFICATE OF THE SUBCONTRACTOR**

I hereby certify that the work performed and the materials supplied to date, as shown on the above represent the actual value of accomplishment under the terms of the subcontract (and all authorized changes thereto) between the undersigned and SAWCROSS, INC. relating to the above referenced contract. I also certify that payments, less applicable retention, have been made through the period covered by previous payments received from the Contractor, to (1) all my subcontractors (sub-subcontractors) and (2) for all materials and labor used in or in connection with the performance of this Subcontract. I further certify I have complied with Federal, State and Local tax laws, including Social Security laws and Unemployment Compensation laws and Workmen's Compensation laws insofar as applicable to the performance of this Subcontract.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Officers Title)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC

Printed Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Commission No.: \_\_\_\_\_