



Phone: 607-734-4151

Fax: 607-732-2952

### SUBCONTRACTOR INVOICE

INVOICE DATE: \_\_\_\_\_ INVOICE No. \_\_\_\_\_

Job No. \_\_\_\_\_ Code \_\_\_\_\_ Subcontract No. \_\_\_\_\_

TO: **Streeter Associates, Inc.** FROM: \_\_\_\_\_  
**P.O. Box 118** \_\_\_\_\_  
**Elmira, NY 14902** \_\_\_\_\_

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

PAYMENT REQUEST No. \_\_\_\_\_ PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

#### STATEMENT OF CONTRACT AMOUNT:

- 1. Original Contract Amount \$ \_\_\_\_\_
- 2. Approved Change Order No's. \_\_\_\_\_ \$ \_\_\_\_\_  
(As per attached breakdown) (Net)
- 3. Adjusted Contract Amount \$ \_\_\_\_\_
- 4. Value of Work Completed to Date \$ \_\_\_\_\_
- 5. Value of Work Completed Previously (Deduct) -- (\$ \_\_\_\_\_)
- 6. Value of Work Completed this Period (4-5) \$ \_\_\_\_\_
- 7. Less Amount Retained ( ) -- (\$ \_\_\_\_\_)
- 8. **AMOUNT DUE THIS REQUEST:** \$ \_\_\_\_\_

#### SUBCONTRACTOR CERTIFICATION

The undersigned Subcontractor certifies that to the best of his knowledge, information, and belief the work covered by this Application for Payment has been completed in accordance with the Contract Documents, and he has paid or otherwise satisfied all obligations for all materials and equipment furnished, and for all work, labor and services performed that were included in his previous payment request.

SUBCONTRACTOR: \_\_\_\_\_

BY: \_\_\_\_\_

Approved \_\_\_\_\_

DATE: \_\_\_\_\_