

VANDERBILT BAY CONSTRUCTION, INC.  
 2224 Trade Center Way  
 Naples, FL 34109  
 Phone: (239) 591-0900 Fax: (239) 591-8181

Submit Original to VBC Office  
 by the 20th of the month

**SUBCONTRACTOR'S APPLICATION FOR PAYMENT**

FROM: \_\_\_\_\_ REQUISITION: \_\_\_\_\_  
 (Company Name)

JOB NAME: \_\_\_\_\_ VBC JOB #: \_\_\_\_\_ COST CODE: \_\_\_\_\_

Period: \_\_\_\_\_, 20\_\_\_\_, TO, To:

STATEMENT OF CONTRACT ACCOUNT:

1. ORIGINAL CONTRACT AMOUNT	\$ _____
2. APPROVED CHANGES (NET) (ADD/DEDUCT) (AS PER ATTACHED BREAKDOWN)	\$ _____
3. ADJUSTED CONTRACT AMOUNT	\$ _____
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4. VALUE OF WORK FROM PREVIOUS APPLICATIONS (Line 9 from previous application)	\$ _____
5. VALUE OF WORK COMPLETED THIS PAY PERIOD	\$ _____
6. VALUE OF MATERIAL STORED THIS PAY PERIOD ONLY (Backup attached in accordance to Article 9.3.2 of the AIA A201 Owner/Contract Document)	\$ _____
7. TOTAL BILLED THIS PAY PERIOD (5+6)	\$ _____
8. TOTAL COMPLETED AND STORED TO DATE (4+7)	\$ _____
9. LESS AMOUNT RETAINED ( ___ 10 ___ %)	\$ _____
10. TOTAL LESS RETAINAGE (9-10)	\$ _____
11. LESS PREVIOUS PAYMENTS	\$ _____
12. AMOUNT OF THIS REQUEST	\$ _____

VBC USE ONLY	
RCD:	APPROVED:
JOB #:	
COST CODE:	

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 Contract (and all authorized changes thereto) between the undersigned and Vanderbilt Bay Construction, Inc. relating to the above referenced project.

I also certify that all laborers, materialmen, suppliers, contractors and subcontractors used on or in connection with the performance of this Contract have been paid in full, except as noted on reverse side. I further certify I have complied with all Federal, State and local tax laws, including Social Security laws and Unemployment Compensation laws and Workmans' Compensation laws insofar as applicable to the performance of this Contract.

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 above described except for claims or right of lien for Contract and/or Change Order work performed to extent that payment is being retained or will subsequently become due.

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

STATE OF Florida  
 COUNTY OF Collier

BY: \_\_\_\_\_  
 (Authorized Signature)

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
 as \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ (Name)  
 (Title) (Company Name)

Personally known to me \_\_\_\_\_; or produced identification \_\_\_\_\_ Type of Identification produced: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

**Affix Seal Here:**

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

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.  
 In tabulations below, amounts are stated to the nearest dollar.  
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: \_\_\_\_\_  
 APPLICATION DATE: \_\_\_\_\_  
 PERIOD TO: \_\_\_\_\_  
 ARCHITECT'S PROJECT NO: \_\_\_\_\_

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD				
Totals - This Sheet								
Grand Total								