

SECTION 00910

**APPLICATION FOR PAYMENT**

To: [Insert Contractor Name]  
 [Insert address]

Dated:

Phone: Fax:

Item No.	Total Contract Quantity	Total Installed Quantity	Unit	Description	Unit Price	Total Contract Amount	Total Installed Amount
<b>[Insert Heading]</b>							
1.	0	0		[Insert item, quantities, unit, and descriptions]	\$0.00	\$0.00	\$0.00
2.	0	0			\$0.00	\$0.00	\$0.00
3.	0	0			\$0.00	\$0.00	\$0.00
4.	0	0			\$0.00	\$0.00	\$0.00
5.	0	0			\$0.00	\$0.00	\$0.00
6.	0	0			\$0.00	\$0.00	\$0.00
7.	0	0			\$0.00	\$0.00	\$0.00
8.	0	0			\$0.00	\$0.00	\$0.00
9.	0	0			\$0.00	\$0.00	\$0.00
10.	0	0			\$0.00	\$0.00	\$0.00
TOTAL CONTRACT AMOUNT-----						<b>\$0.00</b>	
TOTAL INSTALLED AMOUNT-----							<b>\$0.00</b>
Less Retainage (10%)-----							\$0.00
Less Progress Payment No. 1-----							
Less Progress Payment No. 2-----							
<b>TOTAL AMOUNT PAYABLE AS OF [insert date] -----</b>						<b>\$0.00</b>	

RECOMMENDED: by Engineer

ACCEPTED: by Contractor

APPROVED: by Owner

\_\_\_\_\_  
 [INSERT ENGINEER NAME]  
 [INSERT COMPANY NAME]

\_\_\_\_\_  
 [INSERT CONTRACTOR NAME]  
 [INSERT COMPANY NAME]

\_\_\_\_\_  
 [INSERT OWNER NAME]  
 [INSERT COMPANY NAME]

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

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

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

Original Contract Amount: \$0.00  
 Change Order #1 \$0.00  
 Change Order #2 \$0.00  
 Revised Contract Amount: \$0.00

Original Substantial Completion Date:  
 Original Final Completion Date:  
 Change (+ or -):  
 Revised Substantial Completion Date:  
 Revised Final Completion Date:

cc: Braden L. Harrington, Eaton County Drain Commissioner  
 Project Manager  
 Inspector  
 File No.