SUBCONTRACTOR PAYMENT APPLICATION
SCHEDULE OF VALUES

DATE:

SUBCONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE: _____

SIGNATURE: _____

GENERAL CONTRACTOR: **Master Kraft, Inc.**

Project Name : _____

_____

REQUEST NUMBER: _____

PERIOD COVERED: _____ **to** _____

PAGE NUMBER: _____

ITEM NUMBER	ITEM DESCRIPTION	ITEM VALUE	AMOUNT PREV BILLED	AMOUNT BILLED THIS PERIOD	STORED MATERIAL	TOTAL TO DATE	%	AMOUNT REMAINING	RETAINAGE
A	B	C	D	E	F	G		H (C-G)	I
Grand Total									