



98 REBESCHI DRIVE ■ NORTH HAVEN, CT 06473
203.865.6043 ■ 203.865.6847 FAX

Subcontractor's Requisition for Payment

Name & Address of Subcontractor:

Requisition Date:

Requisition No.:

Petra Project No.:

(Petra Proj. No. is on Pg. 1 of Subcontract)

For Petra Const. Corp. Accounting Department Use Only	
Vendor No.: _____	Job No.: _____
Base Contract Phase No.: _____	

Column A	B	C	D	E	F	G
Note: All requisitions are due at Petra Const. Corp.'s office by the 25th of the month.		Scheduled Value	Value Completed To Date	Subcontractor: Do not write in columns E, F or G		
				Phase No.	\$ Approved Prior Requisitions	\$ Approved This Requisition
Original Subcontract Amount						
Approved Change Orders (signed by Petra Const. Corp.)						
C.O. No.	Description					
Subtotals		\$ -	\$ -			
Less Retainage _____ %			\$ -			
Total Earned After Retainage						
Less Value of Previous Requisitions for Payment						
Total Current Payment Due			\$ -			

For Petra Use Only) COLUMN D & E APPROVED BY: _____ Petra Project Manager (signature) Petra Project Manager Name or Initials (printed): _____	Petra PM initials: _____
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Certificate of the Subcontractor:

I hereby certify that the work performed and the materials supplied to date, as shown above, represent the actual value of accomplishment under the terms of the Subcontract (and all authorized changes thereto) between the undersigned and Petra Construction Corp. relating to the above referenced Project. I certify that payments, less applicable retention, have been made through the period covered by previous payments received from Petra Construction Corp. (1) to all my subcontractors and (2) for all materials and labor used in or in connection with the performance of this Subcontract and I hereby release Petra Construction Corp. and the Project's owner from any further liability in regard to payment for all materials, labor and services furnished by us through the period covered by such payments received from Petra Construction Corp. I further certify that I have complied with Federal, State and local tax laws including, without limitation, Social Security laws, Unemployment Compensation laws and Worker's Compensation laws insofar as applicable to the performance of this Subcontract, and that all applicable Sales Taxes are included in the above amounts.

Subcontractor Company Name (Typed or Printed) _____ By: _____ Date: _____
(Signature) Duly Authorized (Title)

Notarization
Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public: _____ My commission expires: _____