



HALLMARK CONSTRUCTION, INC.
 3360 DE LA CRUZ BLVD.
 SANTA CLARA, CA 95054
 408-727-4422 LICENSE NO. 533213

APPLICATION FOR SUBCONTRACTOR PAYMENT

Application No: _____ Date: _____ Invoice No: _____ Subcontractor: _____ Contact: _____ Phone: _____ ___ Contract Work or ___ Time and Material Work	Hallmark Use Only Subcontract Checklist <input type="checkbox"/> Subcontract signed and returned <input type="checkbox"/> Current insurance certificate submitted <input type="checkbox"/> Supplier lien waivers submitted <input type="checkbox"/> Invoicing submitted by the 20th <input type="checkbox"/> IIPP Job Name: _____ Hallmark Job No: _____ Sub Job No: _____
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Task #	Description of Work Performed	Amount

Total Work Completed This Period	\$
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Statement of Contract Amount:		
1. Original Contract Amount	Amount	\$
2. Approved Change Order Nos.	Amount	\$
3. Revised Contract Amount	(Line 1 + Line 2)	\$
4. Work Completed to Date	_____ %	\$
5. Less Gross Billing Previously Requested		\$
6. Amount This Request as Scheduled Above (Line 4 Less Line 5)		\$
7. Less 10% Retention		\$
8. Amount Due This Request	(Line 6 Less Line 7)	\$

Total Value of Unapproved Extras or Claims for which Subcontract Changes have Not been issued.
 (Attach Detail) & _____

Use Only - Recognizing Unapproved Changes	Hallmark Accounting Use Only
PM _____ PA _____	Job No: _____
Subcontractor _____	General Cost Code: _____
By _____	542, 543, 544, 545 - Circle One
	Month Billed: _____
	PA/Date: _____
	PM/Date: _____

Hallmark Accounting Use Only	DATE	CO #	Cost Code	Amount
Workers Compensation Expires				\$
General Liability Expires				\$
Injury Illness Prevention Program				\$
Business License Number				\$
				\$
				\$
				\$
				\$
				\$
				\$
Bottom Line AMOUNT Must Total LINE NO. 6				\$