

11A HAMPTON ROAD • EXETER, NH 03833-4807 • BUS. 603-772-1180 / FAX: 603-772-1181

REQUISITION FOR PAYMENT

PKG.#	CUSTOMER
REQ. #	CONTRACTOR

Original Contract Amount	\$	_____
Net Change Per Change Orders	\$	_____
Revised Contract to Date	\$	_____

Total Amount Completed to Date	\$	_____
Less Retainage (if applicable)	\$	_____
Total Amount Earned to Date	\$	_____
Less Previous Payments	\$	_____
Current Payment Requisitioned Hereunder	\$	_____

CUSTOMER SIGNATURE			CONTRACTOR SIGNATURE	
DESCRIPTION	THIS REQ		FOR ASI USE ONLY	
			DATE INSP.	DATE RET'D
			TIME INSP.	INSPECTOR
TOTAL REQ.	\$		INSPECTOR SIGNATURE	