225 WATER STREET • EXETER, NH 03833-2417 / BUS. 603-772-1180 / FAX: 603-772-1181

REQUISITION FOR PAYMENT

PKG.#	CUSTOMER
REQ. #	CONTRACTOR

Original Contract Amount $ _____
Net Change Per Change Orders (Form 8604) $ _____
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	
TOTAL REQ.	$	

FOR ASI USE ONLY

DATE INSP.	DATE RET'D
TIME INSP.	INSPECTOR

INSPECTOR SIGNATURE