

From:
*Test PEM Software Systems
Clayton, NC 27528
Phone:(919)639-7025

Project:
FO BUCK
PAIN IN BUT

This Application

Number: 3 **Date:** 7/29/2010
Billing Period: / / — 7/29/2010

Distributed To:

- Owner
- Architect
- Contractor
- Construction Mgr

Project No: _____

Original Date of Contract: 7/29/2010

Contract For: _____

Project Application for Payment - CAP736/CMa

To:
T & M CONTRACTING

Section A: Contract Amounts

A.1 Contract Sums	\$	100.00
A.2 Total Changes By Change Orders	\$	50.00
A.3 Total Contract	\$	150.00

Section B: Retainage

B.1 Total Retainage	\$	0.00
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Section C: Billing Information

C.1 Total Contract Billed To Date	\$	75.00
C.2 Total Billed Minus Retainage	\$	75.00
C.3 Previous Applications For Payment	\$	25.00

C.4 Payment Due This Application	\$	50.00
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Construction Manager:

The Construction Mangers signature here certifies that, to the best of thier knowledge, this document accurately reflects the work completed and billed this Application.

Date: 7/29/2010

(Authorizing Signature)

State Authorized: NC

County of: Johnston County

Subscribed and sworn to before
me this day of

Notary Public:

My Commission expires: / /

The Architects and Construction Managers signature here certifies that, based on their own observations and the information contained herein, this document accurately reflects the work completed and billed this Application.

AMOUNTS CERTIFIED\$ _____

Date:

(Construction Manager)

Date:

(Architects Signature)