



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:	