CERTIFICATION OF MONTHLY PAYMENT

SUCF Project No. _____ Date: _____

Project Title: _____

This is to certify that the General Contractor _____ has made payment of $ _____ for work performed by this subcontractor as covered by Requisition No. , for the period from _____ to _____ inclusive.

_____ _____
Name of Subcontractor Date

_____
Signature

General Contractor to complete all blanks at top of sheet and forward to subcontractor with payment. Subcontractor to execute and immediately return to General Contractor for inclusion with next requisition.