Addendum D: Subcontractor's Application For Payment

TO:	HAMISH ANDERSON CUSTOM HOMES, INC. (a.k.a. HACHI, Contractor)				
FROM (SUB/SUPPLIER):					
SUB/SUPPLIER POSTAL ADDRESS:					
PROJECT NAME:		APPLICATION DA	APPLICATION DATE:		
PAYMENT REQUEST NUMBER:			SUB/SUPPLIER INVOICE NUMBER/REFERENCE:		
	STATEMEN	NT OF CONTRACT:			
1. ORIGINAL CONTRACT A	MOUNT:				
2. APPROVED CHANGES (NET ADD/DEDUCT PER ATTACHED BREAKDOWN):					
3. ADJUSTED CONTRACT AMOUNT:					
4. VALUE OF WORK COMPL	ETED TO DATE:				
5. SUBTRACT AMOUNT PREVIOUSLY INVOICED:					
6. TOTAL AMOUNT REQUE	STED THIS PAYMENT:				
7. SUBTRACT RETAINAGE (PER OUR SUBCONTRACT IF APPICABLE):					
8. NET PAYMENT DUE TH	IIS REQUEST:				
ontract (and all of the Contract's aut certify that payments, less applicab all my subcontractors (subcontractor rmance of this Contract. I have also	ects the value of actual labor 8 horized changes) between the le retention, have been made ors) and (2) and to all my mate complied with federal, state,	undersigned and HAMISH through the period covered erial, equipment, and/or la and local tax laws, includir	at the above ANDERSON by previous supplier g (but not leading)	us payments received from the Controls used in, or in connection with, the limited to) Social Security & Medicare	
.), unemployment taxes, and Industr rials provided have been supplied wi					
elinquishes all claims or lien rights w ghts against any contracted work pe	hich the undersigned may now rformed to extent that payme	v have against the above p nt is being retained or that	remises, re will subsec	uest, the undersigned waives, release stainage, and/or bondexcept for clai quently become due. I agree to hold lien by my subcontractors, suppliers,	
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(SUB/SUPPLIER SIGNATURE, OR AUTHORIZED AGENT)		(PRINTED NAM	(PRINTED NAME OF PERSON SIGNING AT LEFT)		
		PO Box 340—h	Please submit this form with your invoice to: PO Box 340—Kirkland, WA 98083		
		or, Fax to: (425) (50-6768		