FINAL PAYMENT REQUEST
Invoice #: _____
Date: _____

FROM (Contractor)

Name: _____
Address: _____
Phone: _____

TO (Client/Owner)

Name: _____
Project: _____
Location: _____

Description of Work / Progress	Contract Amount
Original Contract Sum	$
Net Change by Change Orders	$
Contract Sum to Date	**$**

Total Completed to Date: $ _____

Less Previous Payments: $ _____

Less Retainage (___%):	$ _____
FINAL AMOUNT DUE:	**$ _____**

Contractor's Certification: I hereby certify that the work covered by this final payment request has been completed in accordance with the contract documents and all previous amounts paid have been applied to discharge obligations of the contractor.

Contractor Signature

Date

Owner/Architect Approval