



JOINT CHECK
SUBCONTRACTOR REQUISITION

2738 E. 51ST STREET, SUITE 140
TULSA, OKLAHOMA 74105
TELEPHONE: (918) 747-7410
FACSIMILE: (918) 747-7585

RED STONE HOME OFFICE USE ONLY
Vendor No.
Check No.
Due Date
Supervisor
Project MGR
Date
Returned

Project Name:
Subcontract No.:
Requisition No.: Date:
Subcontractor:
Address:

SUMMARY OF CONTRACT AND CHANGE ORDERS:

Table with 2 columns: Description (TOTAL REVISED SUBCONTRACT, TOTAL AMOUNT ESTIMATED COMPLETE, LESS RETAINAGE, LESS PREVIOUS PAYMENTS, AMOUNT OF CURRENT REQUISITION) and Amount (\$ \_\_\_\_\_)

PARTIAL RELEASE OF LIEN

I, \_\_\_\_\_, (hereinafter the "Affiant"), being duly sworn, depose and state as follows:

- 1. I am the \_\_\_\_\_ of \_\_\_\_\_ (hereinafter "Subcontractor"), and am duly authorized to make this affidavit.
2. With respect to all prior applications for payment by Subcontractor, no amounts are now due and owing by Subcontractor to any subcontractor, materialmen, or other parties...
3. The amount requested above will be applied by the Subcontractor as payment for all amounts now due and payable to Subcontractor, subcontractors, materialmen and other parties up and through the date hereof.

I make this affidavit in order to induce Contractor to make partial payment to Subcontractor on account of said Subcontract between Contractor and Subcontractor, knowing that Contractor will rely on the truth of the matters herein set forth. The Subcontractor, in consideration of the sum paid to Subcontractor by Contractor as set forth hereinabove, receipt of which is hereby acknowledged, and as an inducement to Contractor to make the payment to Subcontractor, does hereby waive the right to file or otherwise claim any mechanic's, materialmen's, or other lien against the Project, including any bond, on account of labor, services and/or materials heretofore furnished to or for Project, and does hereby release said Project and bonds from any and every such lien, or right or claim of lien.

Sworn to and subscribed before me

SUBCONTRACTOR

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

Notary Public

Its: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

NOTE: THIS REQUISITION MUST BE CORRECTLY COMPLETED, EXECUTED AND IN THE HOME OFFICE BY THE 5TH OF THE MONTH-NO EXCEPTIONS-OR IT WILL NOT BE CONSIDERED UNTIL THE FOLLOWING MONTH. INCORRECT FORMS WILL BE RETURNED TO THE SENDER.

