SUBCONTRACTOR REQUISITION

RED STONE HOME OFFICE USE ONLY

Check No.



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

GONSTRUC	THON SERVICES FACSIMILE: (91)	8) 747-7585	Due Date
Project Name:			Project MGR
Subcontract No.:			Final C.O. Signed
Requisition No.:Dar		Date:	Warranties In
Subcontractor:			
Address:			Date
			Returned
SUMMARY OF CON	NTRACT AND CHANGE ORD	DERS:	
TOTAL REVISED SUBCON	ITRACT (through Change Order #_	\$	
TOTAL AMOUNT ESTIMAT	TED COMPLETE (%)	\$	
LESS RETAINAGE		\$	
LESS PREVIOUS PAYMENTS		\$	
AMOUNT OF CURRENT REQUISITION		\$	
	PARTIAL RELE	, (hereinafter the "Affiant")	, being duly sworn, depose and state as follows: tor"), and am duly authorized to make this affidavit.
other parties and there are no unputhe labor, services and/or materials law or any governmental agency re	aid claims against Subcontractor for (i) labor, serv s called for under the Subcontract between Contractelating to the Project.	ices and/or materials furnished, ctor and Subcontractor, or for (ii)	ubcontractor to any subcontractor, materialmen, or or for other obligations incurred in connection with taxes, levies, charges or assessments imposed by
The amount requested above and other parties up and through the		or all amounts now due and pay	rable to Subcontractor, subcontractors, materialmen
knowing that Contractor will rely or forth hereinabove, receipt of which to file or otherwise claim any mech	n the truth of the matters herein set forth. The Sub n is hereby acknowledged, and as an inducement	ocontractor, in consideration of to to Contractor to make the payloject, including any bond, on ac	Subcontract between Contractor and Subcontractor, the sum paid to Subcontractor by Contractor as set ment to Subcontractor, does hereby waive the right count of labor, services and/or materials heretofore claim of lien.
Sworn to and subscribed before me		SUBCONTRAC	TOR
This day of	20	Ву:	
		Its:	
Notary Public My commission expires:		Print Name⁵	
INIA COLLINISSION GYDILES.		i tille radinor	

NOTE: THIS REQUISITION MUST BE CORRECTLY COMPLETED, EXECUTED AND IN THE **HOME OFFICE** BY THE **20TH** OF THE MONTH-NO EXCEPTIONS-OR IT WILL NOT BE CONSIDERED UNTIL THE FOLLOWING MONTH. INCORRECT FORMS WILL BE RETURNED TO THE SENDER.

CHANGE ORDERS:

CHANGE ORDER NUMBER 1	\$
CHANGE ORDER NUMBER 2	\$
CHANGE ORDER NUMBER 3	\$
CHANGE ORDER NUMBER 4	\$
CHANGE ORDER NUMBER 5	\$
CHANGE ORDER NUMBER 6	\$
CHANGE ORDER NUMBER 7	\$
CHANGE ORDER NUMBER 8	\$
CHANGE ORDER NUMBER 9	\$
CHANGE ORDER NUMBER 10	\$
CHANGE ORDER NUMBER 11	\$
CHANGE ORDER NUMBER 12	\$
CHANGE ORDER NUMBER 13	\$
CHANGE ORDER NUMBER 14	\$
CHANGE ORDER NUMBER 15	\$
CHANGE ORDER NUMBER 16	\$
CHANGE ORDER NUMBER 17	\$
CHANGE ORDER NUMBER 18	\$
CHANGE ORDER NUMBER 19	\$
CHANGE ORDER NUMBER 20	\$
TOTAL CHANGE ORDERS	\$