

Exhibit B  
**SUBCONTRACTOR APPLICATION FOR PAYMENT**

To: Foush e and Associates Company, Inc.

From: Inland Steel Erectors, inc.

Project Number and Name: 22-009-25 Vantage - WA13

Payment Request No: Invoice #:

Billing Period: ,20 to ,20

**STATEMENT OF CONTRACT AMOUNT**

1.	Original Contract Amount	\$
2.	Approved Changes <input type="checkbox"/> Net <input type="checkbox"/> Add/Deduct <input type="checkbox"/> As per attached breakdown	\$
3.	Adjusted Contract Amount	\$
4.	Value of Work Completed to Date:	\$
5.	Value of Approved Change Orders Completed to Date:	\$
6.	Total Value of Materials Stored Off Site: <i>(follow Billing Instructions)</i>	\$
7.	Total (lines 4+5+6)	\$
8.	Less Amount Previously Billed	\$( )
9.	Amount This Application	\$
10.	Less Retainage ( 10 %)	\$( )
11.	Amount of this Request:	\$

**PAYMENT POLICY (Exhibit 5 of the Master Subcontract Agreement)**

Please note that payment will be made only if all of the following criteria are met:

1. Subcontractor Pay Application is received in Foushee's office on time. ***Unless otherwise agreed upon, a billing will be considered on time if received by the 20th of the month.***
2. Subcontractor Payment Application should include the following:
  1. Payment Application
  2. Current Schedule of Values
  3. Completed Conditional Waiver and Release for this billing period. *(included in this packet)*
  4. Completed Unconditional Waiver and Release for prior billing period. *(included in this packet)*
3. Signed Work Order Agreement and compliant Insurance Certificate on file.
4. Electronic copies of Payment Application packets can be emailed to ***acct@foushee.com***.

Payment Dates:

- Discounts - postmarked on the 10th
- All others - postmarked on or about the 25th