

Date _____ Period Ending _____
 Project Number _____
 Project Description _____
 Application No. _____
 Material Supplier _____

To: **FCI Constructors, Inc.**
 4001 North Valley Dr.
 Longmont, CO 80504
 Phone: 970-535-4725 or 303-252-8900
 Fax: 970-535-4867

FCI OFFICE USE		APPROVAL _____
VIN # _____	INVOICE # _____	
INVOICE DATE _____	PAYMENT DATE _____	
JOB _____	CODE _____	TYPE _____

ITEM NO.	DESCRIPTION OF MATERIALS	SCHEDULED VALUE	PREVIOUS APPLICATIONS	THIS APPLICATION	TOTAL COMPLETED TO DATE	TOTAL COMPLETED & STORED TO DATE	%
Totals							

	Total to Date	Previous Applications	This Application
Total Completed to Date	\$ _____ -	\$ _____ -	\$ _____ -
Less Previous Applications	\$ _____ -		
Current Payment Due	\$ _____ -		

RELEASE

I hereby certify that the work performed and the materials supplied to date, as shown above, represent the actual value of accomplishment under the terms of the Purchase Agreement (and all authorized changes thereto) between the undersigned and FCI CONSTRUCTORS, INC. relating to the referenced project.

I also certify that payments, have been made through the period covered by previous payments received from the Contractor, to (1) all my subcontractors and (2) for all materials and labor used in or in connection with the performance of the Purchase Agreement. I further certify that I have complied with Federal, State and local tax laws including Social Security laws, Unemployment Compensation laws and Workmen's Compensation laws insofar as applicable to the performance of the Contract.

This release is given in order to induce payment in the amount of \$ _____ (net amount paid to date including this period) and upon receipt of said payment the Material Supplier releases FCI CONSTRUCTORS, INC. from any further liability in connection with all materials, labor and services furnished by the Material Supplier through the pay period indicated

STATE OF _____
 COUNTY OF _____

Company Name _____

Subscribed and sworn to before me this _____ day of _____ 20____ By _____

My Commission expires _____

Title _____

Notary Public _____

Date _____