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PAYMENT SCHEDULE

THIS AGREEMENT, Made as of (Current Date), In the Year of (Current Ye

Between the Owner: Owner's Name

Address

Phone Number

And the Contractor: **Contractor's Name**

License Number

Address

Phone Number

Project Name Address For the Project:

(\$00,000.00) (\$00,000.00) (\$00,000.00) (\$00,000.00)	Completion of Termite Pretreatment Footings poured
(\$00,000.00) (\$00,000.00) (\$00,000.00) (\$00,000.00)	Floor System and Exterior Walls Exposed Framing and Sheathing Roof Framing, Decked and Felted Exterior Doors and Windows set
(\$00,000.00) (\$00,000.00) (\$00,000.00) (\$00,000.00)	Electrical and Plumbing Rough In
(\$00,000.00) (\$00,000.00) (\$00,000.00) (\$00,000.00)	Heat and Air Conditioning ducts installed and insul Insulate building as per specifications Drywall installed and tape-jointed Interior Trim - Bath and Kitchen fixtures installed
(\$00,000.00) (\$00,000.00) (\$00,000.00) (\$00,000.00)	Prime Interior Paint and Decoration Hang Interior Doors with Locks Ceramic Tile and Vinyl Tile installed Wallpaper hung and Interior Paint finishes
(\$00,000.00) (\$00,000.00) (\$00,000.00) (\$00,000.00) occupancy)	Electrical Fixtures hung Carpets and Finished Floors installed Grading and Landscaping Complete all miscellaneous items, (building co

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DRAW REQUEST - FIXED CONTRACT (Current Date)

Between the Owner: Owner's Name

Address

Phone Number

And the Contractor: Contractor's Name

License Number

Address

Phone Number

For the Project: Project Name

Address

Based on the Construction Payment Schedule, the contractor is submittir for work completed on project listed above.

Original Contract Sum

Net Change by Change Orders

CONTRACT SUM TO DATE

Phase(s) of Work Requested

DRAW AMOUNT REQUESTED _____

Listed above, are the appropriate categories and amounts for this const referenced from the Construction Payment Schedule.

TOTAL PAID PRIOR TO THIS DRAW REQUEST

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DRAW REQUEST - COST PLUS

(Current Date)

Between the Owner: Owner's Name

Address

Phone Number

And the Contractor: **Contractor's Name**

License Number

Address

Phone Number

Project Name Address For the Project:

Listed below are **unpaid** Invoices received as of date listed above.

Sub-Contractor or Supplier	Describe Work or Materials
Construction Coordination Fees	(number) Percent or Fixed Amoun
Total Requested	
Total Requested prior to this Draw	

Attached are individual invoices from Sub-Contractors and Suppliers





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