



600 W. Jackson
Chicago, IL 60606
p: (312)943-8100

Subcontractor Payment Request (SPR)

Date: 6/25/2024 Invoice #: 70641-11 Vendor Code: NRILFN

Project Accountant: Jasmin Munoz Project Manager: James Kapp

Subcontractor: NORTHERN ILLINOIS FENCE

DOCUMENTS DUE BY:
****Tuesday, 7/2/2024****

Job Number: 70641 Draw #: 11 Billing Period: 5/31/2024

Project Description: Centennial Park West - 15609 Park Station Blvd., Orland Park, IL 60462

Owner Name: Village of Orland Park

All numbers below have been approved by the Architect and Owner.
Please prepare and submit the following required documents checked below to Reed Construction by the due date listed a

The following documents are required for the project mentioned above:

<input type="checkbox"/>	G702/703	<input checked="" type="checkbox"/>	(1) Electronic Partial Waiver
<input type="checkbox"/>	Certified Payroll	<input type="checkbox"/>	(1) Electronic Final Waiver
<input type="checkbox"/>	Letterhead Invoice	<input type="checkbox"/>	(3) Original Partial Waivers
<input type="checkbox"/>	Sworn Statement	<input type="checkbox"/>	(3) Original Final Waivers

All waivers must reference the Reed Job Number. No Exceptions.

Contract Amount thru billing period:	\$	277,900
Approved Percentage of Completion to Date:		49.00%
Approved Work Completed to Date:	\$	136,171
Less Retention:	\$	(13,617)
Less Previously Paid:	\$	(50,022)
Net Amount Due this Period (Current Request):	\$	72,532
Balance Due:	\$	155,346

Please send an email
your waiver to
Jmunoz@reedcorp.com
Originals will not be

I acknowledge the approved draw amount shown above and understand that this will serve as an invoice to Reed Construction.
I understand that payment will be made once the draw has been funded by the Owner.

Subcontractor Representative: 

Printed Name: Bill Klema Title: Controller

For payment inquiries pertaining to this SPR, please email PaymentStatus@Reedcorp.com.

** FINAL DRAWS ONLY **

By Signing this Reed SPR Form, we confirm the final subcontract total amount listed above for the scope of work as defined in our contract.
We hereby declare that there are NO further additional change orders, claims for additional costs, etc. due to our company or project are associated with this project.

Subcontractor Representative: _____

For Internal Use Only:
Work Completed for Current Period: 80,591 Retention for Current Period: 8,059
Retention Released: -

, 8th Floor
51
0

above.

Full copy of
to
p.com.
e needed.

ed.

**

described

pany that
