



## MEMORANDUM

**TO: ALL SUBCONTRACTORS**

**RE: PAY REQUISITIONS**

*MARCObay CONSTRUCTION, Inc.* will not accept fax copies of Subcontractor's Payment Requisitions or Material Suppliers Invoices. *MARCObay* will only process payments for Subcontractors and Material Suppliers that have submitted original invoices either by mail or personal delivery in accordance with the dates noted in their agreements.

Any pay requisition received via fax will be destroyed without prejudice and not acknowledged.

This should help to expedite the approval process of all Subcontractors and Material Suppliers pay requisitions and each Subcontractor is reminded to review the Accounting Package received with their Subcontract Agreement for important requirements and information pertaining to Workers' Compensation and General Liability Certificates of Insurance Coverage (See Sample Attached).

**Workers' Compensation new guidelines went into effect July 1, 2002, disallowing Contractors and Subcontractors to exempt themselves, or those working on their behalf if the project is a commercial project valued at \$250,000 or more. You must have Workers' Compensation Insurance coverage.** *If you will be seeking Workers' Compensation coverage from a Staff Leasing Company, you must request a proof of coverage certificate for Marcobay Construction, Inc. (see attached note).*

Thank you in advance for your cooperation regarding this matter, and we hope that this will make payments more accurate and timely. Should you have any questions regarding this policy, please do not hesitate to contact the appropriate Project Manager on your project.

*HOWARD D. BAYLESS*

*PRESIDENT*

*Marcobay Construction, Inc.*

4025 S. Pipkin Road, Lakeland, Florida 33811

Office: 863-680-2293 Fax: 863-680-2443

Accounting Fax: 863-603- 0943

[www.marcobay.com](http://www.marcobay.com)



**EXAMPLE:** This letter will be given to you prior to your request for payment due, if **NOTICE TO OWNER** has been filed on you.

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_  
 FAX: 863 603-0943  
 DATE TO PAY: \_\_\_\_\_

Dear Subcontractor:

In order to expedite the processing of draw requests and assure timely payment, we are asking your assistance in providing us with timely and accurate documentation as described below. Please understand that we are following this system to allow timely payment of your invoices.

Attached to this letter are the suppliers and subcontractors we have on file that have filed NOTICE TO OWNER on your company. Enclosed you will find a "Sworn Statement" form and the Florida Lien Release. These forms are to be completed and signed by the suppliers and/or subcontractors. Both the amounts owed for the date of draw (for which you will be paid) and the current (present) amount owed is to be provided on the Sworn Statement. The Lien Release is to be filled out if the supplier or subcontractor has been paid. If a lien release is not given in the amount which is due through the date of the draw, it is possible joint checks will be written. A sample is provided.

**Once you have provided all the required forms to us, please allow at least 48 hours for their review.**

When submitted, the amount on Line 2 should be dated not more than ten (10) days prior to the date of payment is expected from **Marcobay Construction, Inc.** If you have more than one **NOTICE TO OWNER** filed on you, please provide all the forms to us at the same time. You should review the forms to assure that when we receive them your payment is not held up due to forms having to be redone. We will accept faxes, but the originals need to be mailed to us. Checks are generally issued at 3:00 PM on Friday, following the contract due date.

Upon receiving this letter you are also advised that with your final payment (**NOT RETAINAGE**) we will accept finals from all suppliers and/or subcontractors. Please refer back to the contract. A Final Release of Lien is also provided and we require this to be our form also.

You may call Norma the week you expect to receive your check to see if we have received any additional NOTICES because we will require the forms from those suppliers and/or subcontractors as well. Norma will provide you with a list of the NTO's we have on file once a month.

**PROJECT NAME:** \_\_\_\_\_

- FILED NOTICE TO OWNER:**
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
  9. \_\_\_\_\_
  10. \_\_\_\_\_

If you previously provided us with a Final Release of Lien and we are still showing it on the above list, please provide us with an additional copy. We do try to make sure we are not asking for duplicate information and keep a list of Finals we have received once they are posted. However, if they have not been posted in time, we send out notices out, a copy is requested to keep from holding up your payment.

In general, once your forms have been received and reviewed, if the forms are filled out correctly and there are no major problems with any of them, your check should be available for pick up at 3:00 PM on Friday or if you wish we will mail it. For those forms that come in after that, they will be processed in the order they came in and your check will be processed as quickly as possible.

***Please do not bring forms and expect to pick up a check, without first checking with our office and/or making certain the review process has been completed.***

Also, if you are working on more than one project with us, you will need a list for each project.

To inquire about receipt of invoices, if invoices have been approved, when invoices are due to be paid, please contact Colleen.

To find out if the Sworn Statement, Lien Release Forms have been received, if checks have been written, what NTO forms are required, please contact Colleen.

If either Subcontractor or Supplier has specific questions with regards to completing the forms, please contact Colleen.

Checks are printed once the Owner's payment has been received and the Project Manager has approved the payment to the Subcontractor. The forms are prepared to notify the Subcontractor of the NTO's we have on file.

The NTO's, Sworn Statement and Releases are collated with the check once all required forms are received. Once this process has been completed, the check and the forms are given to Colleen to review **PROVIDED** everything is in order, the check is then released. If everything is not in order, you will then be notified of the necessary steps you will have to complete to fulfill your requirements to facilitate your check being released.

TO: MARCOBAY CONSTRUCTION, INC.  
4025 S. PIPKIN ROAD  
LAKELAND, FLORIDA 33811

**INVOICE**

SUBCONTRACTOR OR SUPPLIER:

\_\_\_\_\_  
Name Date: \_\_\_\_\_  
\_\_\_\_\_  
Address Job Name: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code Location: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING # \_\_\_\_\_ DATE THRU \_\_\_\_\_

<b>DESCRIPTION OF WORK COMPLETED:</b>		_____
1	Original Contract Sum:	_____
2	Approved Change Oder(s)	_____
3	Contract Sum to Date	_____
<hr/>		
4	Total Earned to Date:	_____
5	Retainage _____% of Line 4	_____
6	Total Earned <Less Retainage>	_____
7	<Less> Previous Request for Payment (Line #6 on Previous Request Form)	_____
<hr/>		
8	<b>CURRENT REQUEST FOR PAYMENT:</b>	_____

**PARTIAL / FINAL RELEASE**

We certify that all material, labor and services furnished through the above pay period have been fully paid for and the premises of the above named project cannot be made subject to any valid lien or claim by anyone who furnished material, labor or services to us for the use of said job, and we hereby release **MARCOBAY CONSTRUCTION, INC.** and the **OWNER** from any further liability in connection with all material, labor and services by us through the above pay period. This release is given in order to reduce payment of \$ \_\_\_\_\_ and on receipt of said payment this release becomes in full force and effect.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. By: \_\_\_\_\_  
Notary Public: \_\_\_\_\_ Title: \_\_\_\_\_



**WAIVER AND RELEASE OF LIEN  
UPON PROGRESS PAYMENT**

The undersigned lienor, in consideration of the Progress Payment in the amount of \$ \_\_\_\_\_, hereby waives and releases its lien and right to claim a lien for labor, services or materials furnished through (date) \_\_\_\_\_ to (Customer) \_\_\_\_\_ on the job of (Owner property) \_\_\_\_\_,

to the following described property:

This waiver and release does not cover any retention of labor, services, or materials furnished after the date specified.

Dated on \_\_\_\_\_, 20\_\_\_\_

Lienor's  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**NOTE: *This is a statutory form prescribed by Section 713.20, Florida Statutes (1996). Effective October 1, 1996, a person may not require a lienor to furnish a waiver or release of lien that is different from the statutory form.***

**WAIVER AND RELEASE OF LIEN  
UPON FINAL PAYMENT**

The undersigned lienor, in consideration of the Final Payment in the amount of \$\_\_\_\_\_, hereby waives and releases its lien and right to claim a lien for labor, services or materials furnished to (Customer) \_\_\_\_\_ on the job of (Owner property) \_\_\_\_\_, to the following described property:

Dated on \_\_\_\_\_, 20\_\_\_\_\_

Lienor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**NOTE: *This is a statutory form prescribed by Section 713.20, Florida Statutes (1996). Effective October 1, 1996, a person may not require a lienor to furnish a waiver or release of lien that is different from the statutory form.***

**FINAL AFFIDAVIT & WAIVER OF LIEN**

**OWNER / CONTRACTOR/  
SUBCONTRACTOR / SUPPLIER**

We, the undersigned Owner, Contractor, Subcontractor or Supplier having performed labor or furnished material or services in the construction, alteration or improvement of the buildings

located at:

JOB: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

do hereby release and discharge any claim, lien or otherwise, which we might have against the above described property, we having been paid in full and all parties performing labor, furnishing materials or services on the site of improvement through us have been ***PAID IN FULL***.

We do hereby release, discharge and waive any claim, lien or otherwise.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF POLK

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ ,  
20\_\_\_\_\_.

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CHECK RELEASE FORM**

To Whom It May Concern:

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer) (Title) (Company)

hereby authorize \_\_\_\_\_, \_\_\_\_\_ to pick  
up our \_\_\_\_\_  
(Name) (Title)

Check and sign a Lien Release for  
\_\_\_\_\_  
(Project Name)

\_\_\_\_\_  
(Signature & Title)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



(863) 680-2293 • (863) 680-2443 / Fax  
(863) 603-0943 – Accounting Fax

The following information is necessary for our files:

(Company Name as it should appear on checks)

_____	Mailing Address
_____	Physical Address
_____	Email Address
_____	Main Contact Person
Fax _____	Phone _____

Nextel # \_\_\_\_\_ Mobile # \_\_\_\_\_ Pager# \_\_\_\_\_

**COMPANY IS:**

Incorporated Partnership       Owner / Proprietor

Federal ID # \_\_\_\_\_

Contr. License # \_\_\_\_\_

Social Security # \_\_\_\_\_

**Name/Address/Phone of Independent Contractor's Workers' Compensation Coverage Provider:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please contact your Agent(s) to send / fax (863) 680-2443 us a Certificate of Insurance for Workers' Compensation and General Liability.

**IF YOU ARE EXEMPT FROM WORKERS' COMPENSATION, PLEASE SUBMIT YOUR EXEMPTION CERTIFICATE.**

NOTE: IF YOU WILL BE SEEKING WORKERS' COMPENSATION COVERAGE FROM A STAFF LEASING COMPANY, YOU MUST REQUEST A PROOF OF COVERAGE CERTIFICATE FOR MARCOBAY CONSTRUCTION, INC.

**YOU SHOULD NOT HAVE ANYONE ON OUR PROJECTS PRIOR TO RECEIVING A CERTIFICATE OF INSURANCE FROM YOUR AGENT(S). IT IS IMPERATIVE WE HAVE ALL CERTIFICATES ON FILE AS SOON AS POSSIBLE.**