THE HASKELL COMPANY



Date Kay 25, 1988

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phopolyacies		Job Name Chestnut Hill Hospital		
R. R. & E., INC.		tocation		
P. O. Box 17403	•	Travelers Rest, S.C.		
dy. State. Zip	06	Subcontract No.	Invoice tio.	
Greenville, S.C. 296	<u> </u>		Two .	
Current Contract Amount	1		\$ 111,861.00	
		\$ 111,861.00		
		!!		
			s 111,861.00	
	%			
Cess: Retainage		\$ 85,098.60	85,098.60	
			26,762.40	
Amount due this requisition	n			
	CEDTIEICA	TION AND PARTIAL WAIVER		
	* = * *		ter its autocateset and outres with The	
Haskell Company, for the fur			er its subcontract and extras with The	
			t. In consideration of prior payments .	
received and receipt of this p	ayment, the undersigned her	reby releases and forever discharg	es the said The Haskell Company, from	
any and all obligations and li	abilities arising by virtue of s	aid subcontract and extras between	en the parties, either verbal or in writing.	
and any and all claims, dema	nds and liens of every kind a	and character whatsoever against	The Haskell Company, the Owner, and	
the above premises, arising	out of or in any way relatin	g to said subcontract and extras	, through the date of this requisition.	
The undersinged certifies the	at all charges for labor, mater	rial services and of every other nat	ure in connection with this subcontract	
			harge by any subcontractor, vendor, or	
Individual furnishing labor o	r material in connection with	h this subcontract to date for which	ch a lien could be filed, arising out of or	
relating to said work.				
The undersioned hereby fur	ther declares and agrees thi	at in the event that any lien or oth	er claim should be brought against The	
			the said parties and defend any suit or	
action brought against them	by reason of any lien or oth	ner form of claim or action arising	out of said subcontract and hold them	
harmless and indemnified th				
Cin-ad and applied by the year	dereign ad tille enrockation	by its duly authorized officer) this	day	
of	_		uay	
		Subcontractor		
			0 11	
NOTE: SEE INSTRUCTIONS ON REVERSE SIDE			() /] ///	
MOTE: SEE INSTRUC	HONS ON NEVENSE SIDE	Title X-/CY/G/CV() (MSittles	
•		/		
Vendor No DO NOT WRITE		T WRITE IN SHADED AREA	Job. Appl.	
Due Date	Job No	Ofc. Appl	Check No	
	S.C. No	Amount	Date Released	
Code 1				
Code 3	Code	Audited by	Punched by	
m 126 486				





