

Subcontractor Application for Payment



Subcontractor: _____

Address: _____

Phone: _____ Tax ID #: _____

Project: _____ HBI Work Order #: _____

Period: _____ to _____ Application #: _____

Sub Invoice #: _____ Invoice Date: _____

Original Contract Amount:		\$	_____
Approved Change Orders to Date*:		\$	_____
<i>(Please list change orders below)</i>			
Total (Revised) Contract Amount:		\$	_____
Value of Work Complete to Date:	_____ %	\$	_____
Less GROSS Amount Previously Billed:		\$ (_____)
GROSS Due this Payment:		\$	_____
Less 10% Retainage:		\$ (_____)
Net Due this Payment:		\$	_____
<i>(Check box for retainage draw)</i>	<input type="checkbox"/>	RETAINAGE	

*** This form must be used for all subcontractor payment requests.**

*** A separate retainage billing must be submitted. Please check box for retainage draw.**

*** Change Orders:** *(List below or attach breakdown)*

Approved this month: _____

Approved previous months: _____

<i>HBI Accounting Use Only:</i>	
Job # / PM:	_____
Code:	_____
PM Approval:	_____
Date:	_____