

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*: \$ _____
(Please list change orders below)

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: \$ _____

(Check box for retainage draw) **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: _____

HBI Accounting Use Only:

Job # / PM: _____

Code: _____

PM Approval: _____

Date: _____