

SUBCONTRACTOR DRAW REQUEST

Progress Billing Invoice

PROJECT INFORMATION

Project Name:
 Project Number:
 General Contractor:
 Property Address:

SUBCONTRACTOR INFORMATION

Subcontractor:
 Draw Request No:
 Billing Period To:
 Application Date:

ITEM NO.	DESCRIPTION OF WORK / PHASE	SCHEDULED VALUE	WORK COMPLETED (PREV)	WORK COMPLETED (THIS PERIOD)	MATERIALS STORED	TOTAL COMPLETED & STORED	% COMPLETE	BALANCE TO FINISH
Total:								

Subcontractor Certification

The undersigned Subcontractor certifies that to the best of their knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Subcontract Documents, that all amounts have been paid by them for Work for which previous Certificates for Payment were issued and payments received from the Contractor, and that current payment shown herein is now due.

Original Contract Sum	
Net Change Orders	
Contract Sum to Date	
Total Completed to Date	
Less Retainage (%)	
Total Earned Less Retainage	
Less Previous Payments	
Current Payment Due	

Subcontractor Representative Signature

 Print Name

 Date

Contractor / Architect Approval

Print Name

Date