



FINAL PAYMENT REQUEST FORM

(not valid without notarized lien release attached)

www.TEAMWRKX.com

Vendor Information *(Please Complete All Blanks)*

Company Name: _____
 Mailing Address: _____
 City, State, Zip _____
 Contact: _____
 Phone: _____
 Fax: _____

Invoice Date: _____
 Invoice No.: _____
 Job / Project No.: _____

E-Mail: _____
 (required)

Project Information *(Please Complete All Blanks)* :

Project Name: _____
 Address: _____
 Project Manager: _____

Teamwrkx Project #: _____
 Teamwrkx Contract / PO #: _____

Account Receivable Information: *(Please Complete All Blanks)* :

A) Original / Base Contract Amount: \$ _____
 B) Approved, Signed Teamwrkx Change Orders to Date: \$ _____
 C) Final Contract Amount: \$ _____
 D) Less Previously Billed (Gross): \$ _____
 E) Total Amount Due (10% of entrie contract value retained) \$ _____

Authorized Signature

Phone Fax:

Print Name and Title

E-Mail Address

For Teamwrkx Internal Use Only

Sub Invoice Date: _____ Sub Invoice #: _____ Retention: _____
 Date Received: _____ Teamwrkx Project #: _____
 Date Processed: _____ CIC Code: _____ Project Manager: _____