



PROGRESS PAYMENT REQUEST FORM
(not valid without progress lien release attached)

www.TEAMWRKX.com

Vendor Information (Please Complete All Blanks)

Subcontractor:
Address:
City State Zip:
Contact
Phone:
Fax:

Sub Invoice No:
Sub Invoice Date:
E-mail :
(required)

Project Information (Please Complete All Blanks) :

Teamwrkx Job #:
Teamwrkx Contract #:
Teamwrkx Project Manager:

Project Name:
Address:
City State Zip:

Accounts Receivable Information (Please Complete All Blanks) :

A) Original / Base Contract Amount: Original Contract \$
B) Teamwrkx Approved Change Orders to Date: (1 thru ) Total Change Orders \$
C) Total Revised Contract Amount to Date: A + B = C \$

D) Total Work Completed / Stored to Date: % \$
E) Less Previously Billed (Gross Amount): \$
F) Total Gross Amount Due This Period: D - E = F \$
G) Less Retention (10%) \$
H) Net Amount This Period F - G = H \$
I) Less Early Payment Discount (10 Days Early - 3%, 20 days early - 5%) OPTIONAL \$
(subject to Teamwrkx approval)
DISCOUNTS are per JOB specific contract, see TWX Exhibit A for details \$

For Teamwrkx Internal Use Only

Sub Inv Date: TWX Job # Sub Inv #
Date Received: CIC Code Due Date
Date Processed P.M. Approval: Gross Amt
Processed By: Approval Date: Retention