



# FINAL PAYMENT REQUEST FORM

(not valid without progress lien release attached)  
Must submit supplier & tiered sub lien releases (if applicable)

## Vendor Information (Please Complete All Blanks)

Company Name: \_\_\_\_\_ Invoice Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Invoice No.: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Job / Project No.: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Date Signed Contract Returned: \_\_\_\_\_  
 Date Insurance Certificate Submitted: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Project Information (Please Complete All Blanks):

Project Name: \_\_\_\_\_ Teamwrkx Job #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Teamwrkx Contract / PO #: \_\_\_\_\_  
 Project Manager: \_\_\_\_\_

## 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: \$ \_\_\_\_\_  
 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 Job #: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_ CIC Code: \_\_\_\_\_ Project Manager: \_\_\_\_\_  
 Notes: \_\_\_\_\_



#### HEADQUARTERS:

1855 Park Avenue  
 San Jose, CA 95126  
 P 408.287.2700 F 408.287.2800

#### LOS ANGELES REGION:

800 W. Martin Luther King Jr. Blvd.  
 Los Angeles, CA 90037  
 P 310.220.2345 F 408.287.2800

#### CA LICENSES:

TEAMWRKX: # 841440  
 TEAMWRKX Construction: # 907598  
*Building a Higher Standard*