



PROGRESS 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: _____
Address: _____
City, State, Zip: _____
Contact: _____
Phone: _____
Fax: _____

Sub Invoice No: _____
Sub Invoice Date: _____
E-mail (required): _____
Date Signed Contract Returned: _____
Date Insurance Certificate Submitted: _____

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 TXC Exhibit A for details \$ _____

For TEAMWRKX Internal Use Only

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

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