



FINAL PAYMENT REQUEST FORM

(not valid without conditional final 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

CA LICENSES:
 TEAMWRKX, Inc.: # 841440
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Building a Higher Standard