



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: _____	Sub Invoice No: _____
Address: _____	Sub Invoice Date: _____
City, State, Zip: _____	E-mail (required): _____
Contact: _____	
Phone: _____	Date Signed Contract Returned: _____
Fax: _____	Date Insurance Certificate Submitted: _____

Project Information (Please Complete All Blanks):

Teamwrkx Job #: _____	Project Name: _____
Teamwrkx Contract #: _____	Address: _____
Teamwrkx Project Manager: _____	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%) (subject to Teamwrkx approval)	OPTIONAL	\$ _____
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:
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CA LICENSES:
 TEAMWRKX, Inc.: # 841440
 TEAMWRKX Construction, Inc.: # 907598
Building a Higher Standard