



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%)
(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:
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Building a Higher Standard