

# SUBCONTRACT BILLING

Date \_\_\_\_\_

Invoice # \_\_\_\_\_

**Company Name**

Address

City, State, Zip

Job # \_\_\_\_\_

Name \_\_\_\_\_

Original Contract Amount \$ \_\_\_\_\_

Approved C/O #1 \_\_\_\_\_

Approved C/O #2 \_\_\_\_\_

Approved C/O #3 \_\_\_\_\_

Approved C/O #4 \_\_\_\_\_

Approved C/O #5 \_\_\_\_\_

Total Approved C/O's \$ \_\_\_\_\_

Revised Contract Amount \$ \_\_\_\_\_

\_\_\_\_\_ % Completed to Date \$ \_\_\_\_\_

Less Previous Billing -\$ \_\_\_\_\_

Total Billing Amount \$ \_\_\_\_\_

Less Retention (10%) -\$ \_\_\_\_\_

Current Billing \$ \_\_\_\_\_

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