



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%) 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: _____ TXF 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 Facilities: # 1017087
Building a Higher Standard