

# SUBCONTRACTOR PAYMENT APPLICATION

## DUE ON OR BEFORE THE 25TH OF THE MONTH

To: Iron Construction, Inc.  
1955 The Alameda  
San Jose, CA 95126  
 Attn: Accounts Payable

From: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Lic. No.: \_\_\_\_\_

Project Name: \_\_\_\_\_  
 ICI Job No: \_\_\_\_\_  
 Contract/PO No.: \_\_\_\_\_

Month Beginning Date: \_\_\_\_\_  
 Sub Invoice No.: \_\_\_\_\_  
 Month Ending Date: \_\_\_\_\_

**Contract Summary**

**Progress Application #1**

1) Original Subcontract Amount		\$	-
2) Net change by Approved change orders			
#1	\$ -	#11	\$ -
#2	\$ -	#12	\$ -
#3	\$ -	#13	\$ -
#4	\$ -	#14	\$ -
#5	\$ -	#15	\$ -
#6	\$ -	#16	\$ -
#7	\$ -	#17	\$ -
#8	\$ -	#18	\$ -
#9	\$ -	#19	\$ -
#10	\$ -	#20	\$ -
		#21	\$ -
		#22	\$ -
		#23	\$ -
		#24	\$ -
		#25	\$ -
		#26	\$ -
		#27	\$ -
		#28	\$ -
		#29	\$ -
		#30	\$ -
		#31	\$ -
		#32	\$ -
		#33	\$ -
		#34	\$ -
		#35	\$ -
		#36	\$ -
		#37	\$ -
		#38	\$ -
		#39	\$ -
		#40	\$ -
Total Change Order Sum		\$	-
3) Contract sum to date (Line 1 plus line 2)		\$	-

**Application is made for payment, as shown below, in connection with the contract**

4) Original Contract Completed to Date:	0%	\$	-
5) Approved <b>Executed</b> CO's Completed to Date:	0%	\$	-
6) Total Billing to Date: (4+5)		\$	-
7) Retention of <b>10%</b> on Total Gross Billing (6)		\$	-
8) Total Earned Less Retainage (6-7)		\$	-
9) Less Previous Applications for Payment: (prior 8)		\$	-
10) Current Payment Due (8-9)		\$	-
11) Gross this period		\$	-
12) Retainage this period		\$	-

*CERTIFICATE OF THE SUBCONTRACTOR*

I hereby certify that the work performed and the materials supplied to date as shown above represent the actual value of accomplishment under the terms of the Contract (and all authorized changes thereto) between undersigned and Iron Construction, Inc., to the above referenced project.

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*Note - Billing Under \$2,500  
Do Not Hold Retention**

Print Title: \_\_\_\_\_

Job # \_\_\_\_\_ Cost Code # \_\_\_\_\_ Approved By \_\_\_\_\_

Pay Date \_\_\_\_\_ Trx # \_\_\_\_\_