

# SUBCONTRACTOR PAYMENT APPLICATION

## DUE ON OR BEFORE THE 20TH OF THE MONTH

Revised 1/26

**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 _____	#21 _____
#2 _____	#12 _____	#22 _____
#3 _____	#13 _____	#23 _____
#4 _____	#14 _____	#24 _____
#5 _____	#15 _____	#25 _____
#6 _____	#16 _____	#26 _____
#7 _____	#17 _____	#27 _____
#8 _____	#18 _____	#28 _____
#9 _____	#19 _____	#29 _____
#10 _____	#20 _____	#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>5%</b> on Total Gross Billing (6)		\$ _____
8) Total Earned Less Retainage (6-7)		\$ _____
9) Less Previous Applications for Payment: (prior 8)		\$ _____
10) Net 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.

<b>Notice: Second Tier Sub or Supplier Working During This Billing Cycle:</b>	<b>YES</b>	<b>NO</b>
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**Date:** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Print Title:** \_\_\_\_\_

PM Approved By \_\_\_\_\_

Client Billing # \_\_\_\_\_ Invoice Date \_\_\_\_\_ Pay Date \_\_\_\_\_ Trx # \_\_\_\_\_