

SUBCONTRACTOR PAYMENT APPLICATION

DUE ON OR BEFORE THE 20TH OF THE MONTH

Revised 10/25

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 Executed CO's Completed to Date:	0%	\$ _____
6) Total Billing to Date: (4+5)		\$ _____
7) Retention of 10% 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.

Notice: Second Tier Sub or Supplier Working During This Billing Cycle: YES or NO

Date: _____

Authorized Signature: _____
 Print Name: _____
 Print Title: _____

PM Approved By _____

Client Billing # _____ Invoice Date _____ Pay Date _____ Trx # _____