SUBCONTRACT BILLING

Date_____   Invoice #_____

Comapny 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 $_____