



SUBCONTRACTOR PROGRESS PAYMENT APPLICATION

Send invoices to billing@prevostconstruction.com by the 20th of each month

FROM: _____

Acctg. Rep _____
 PHONE: _____
 EMAIL _____

Date: _____
 Application Number: _____
 Invoice Number: _____

 Project Name: _____
 Prevost Project Number: _____

TO: **Prevost Construction**
400 S. Sierra Ave., Ste 201
Solana Beach, CA 92075
Ph: (858) 720-8559
billing@prevostconstruction.com

Project Address: _____

Type of Work: _____

This payment request covers the time period from _____ to _____

Contract Summary:

- | | | |
|---|----|---|
| 1. Original Subcontract Amount | \$ | - |
| 2. Approved Subcontract Changes Thru SCO # | \$ | - |
| IF BILLING FOR A CHANGE ORDER, INCLUDE A SIGNED COPY | | |
| 3. Total Revised Subcontract Amount (Line 1 + Line 2) | \$ | - |

Payment Application Summary:

- | | | | | |
|--|-------|------------|-------|---|
| 4. Value of Work Completed To Date: | _____ | 0% | \$ | - |
| 5. Value of Stored Materials: | | | \$ | - |
| 6. Total Completed and Stored to Date (Line 4 + Line 5): | | | \$ | - |
| 7. Less Prior Completed and Stored to Date (Line 6 from previous application): | | | <\$ | - |
| 8. Total Gross Earned This Month (Line 6 - Line 7): | | | _____ | > |
| 9. Less Retention Of | _____ | 10% | <\$ | - |
| 10. Amount of This Payment Application (Line 8 - Line 9): | | | \$ | - |

PREVOST USE ONLY:	
Cost Code:	_____
Amount:	_____
Date Received:	_____
PM Approval:	_____

Signed by: _____
 Company Name: _____
 Date: _____