SUBCONTRACTOR'S INVOICE

Subcontractor's Name _____ Invoice No._____

Remittance Address _____ DBAC Job No. _____

_____ Phone No. _____

The following invoice covers work completed through calendar month ended (date) _____

Job Name _____

Job Address _____

Original Contract Amount _____

Change Orders #1 thru _____ _____

Revised Contract Amount _____

_____% Complete to Date _____

Less 10% Retention _____

Total This Request _____

Less Amount Previously Billed _____

Amount Due This Payment _____

By:_____ Date:_____
(Name and Title)

Vendor No_____ GL #_____ Job #_____ Project Mgr. Approval_____ Date_____ Acctg. Initials____ Date____

Invoice No._____ Cost Code_____

Cost Month_____ Batch #_____ **NOTES:**

Check Date	Check Number	Joint Payee	Net