

# Subcontractor Application for Payment



Subcontractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Project: \_\_\_\_\_ HBI Work Order #: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_ Application #: \_\_\_\_\_

Sub Invoice #: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_

Approved Change Orders to Date\*: \$ \_\_\_\_\_

*(Please list change orders below)*

Total (Revised) Contract Amount: \$ \_\_\_\_\_

Value of Work Complete to Date: \_\_\_\_\_ % \$ \_\_\_\_\_

Less GROSS Amount Previously Billed: \$ ( \_\_\_\_\_ )

**GROSS** Due this Payment: \$ \_\_\_\_\_

Less 10% Retainage: \$ ( \_\_\_\_\_ )

Net Due this Payment: \$ \_\_\_\_\_

*(Check box for retainage draw)*

☐ RETAINAGE

\* ***This form must be used for all subcontractor payment requests.***

\* ***A separate retainage billing must be submitted. Please check box for retainage draw.***

**FOR PROCESSING, PLEASE E-MAIL ALL PAY APPLICATIONS TO [ACCOUNTING@HBITEXAS.COM](mailto:ACCOUNTING@HBITEXAS.COM)**

\* **Change Orders:** *(List below or attach breakdown)*

Approved this month: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved previous months: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*HBI Accounting Use Only:*

Job # / PM: \_\_\_\_\_

Code: \_\_\_\_\_

PM Approval: \_\_\_\_\_

Date: \_\_\_\_\_