



IS THIS RETENTION BILLING? **No**

SUBCONTRACTOR PROGRESS BILLING

Job Name: _____ Job No: _____
 Subcontractor: _____ Vendor No: _____ Period Through: _____
 Billing #: _____

* Please Note: Only YELLOW cells are to be populated by the subcontractor.

Task Code	Type	Description	Schedule of Values	From Previous Billings	This Period	% Complete	Total Completed	Balance to Finish	Retainage 0%
	Labor								
	Material								
	Equipment								
	Sub								
Contract Total:			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
	Labor								
	Material								
	Equipment								
	Sub								
Contract Total:			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
	Labor								
	Material								
	Equipment								
	Sub								
Contract Total:			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
	Labor								
	Material								
	Equipment								
	Sub								
Contract Total:			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Contract Subtotal:			\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -

Simile Change Order (Only Simile-Issued Change Orders Allowed. Entire billing subject to rejection if non-Simile CO's are listed below.)

Task Code	Change Order #	Description	Schedule of Values	From Previous Billings	This Period	% Complete	Total Completed	Balance to Finish	Retainage 0%
Change Order Subtotal:			\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -

Final Billing Retainage Totals:									
TOTALS:			\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -
Total Approved Change Orders to Date:			0.00	\$ -	\$ -				
Percentage of Original Contract:			#DIV/0!	Prev. Payments	Current Payment				
							PM Approval: <input type="checkbox"/>	Date:	
							PM Signature:		