



314 Walnut Street
 Suite 200
 Wilmington, NC 28401
 910.763.8760 (Office)

Pay Date:

Job Number:

SUBCONTRACTOR APPLICATION FOR PAYMENT

Subcontractor Name:

Job Name (Address / Client):

Invoice #:

Invoice Date:

Original Contract Amount: _____

Cost Code:

Change Orders: _____

Revised Contract Total: _____

Contract Billable Balance: _____

Amount Due—Current Invoice: _____

Contract Balance:

Job Project Manager

Description of Work:

1. This form, along with your original invoice, is required for payment to be made.
2. If this form or an invoice are received without the other, no payment will be made. See subcontractor payment schedule for submission dates and payment dates.
3. Invoices must be received via email by 4:30pm on the scheduled Friday in order for payment to be made according to the schedule. **All invoices and applications for payment must be emailed to invoices@pbcdesignbuild.com. They will not be accepted at the office.**
4. All insurance certificates must be current for payment to be made.

Submitted By: _____

Subcontractor

PBC Use Only

Approved as submitted: Yes No

Release Date:

If not, amount to be held: _____

Project Manager Approval:

Notes: