

1908 Eastwood Rd., Suite 320 Wilmington, NC 28403 910.763.8760 (Office) invoices@pbcdesignbuild.com

| Pay Date: | |
|-------------|--|
| Job Number: | |

SUBCONTRACTORS APPLICATION FOR PAYMENT

| Subcontractor Name: | | |
|-----------------------------|-------------------|----------------------|
| Job Name: | | Job Project Manager |
| Invoice #: | Invoice Date: | Job i roject Manager |
| Original Contract Amount: | Cost Code: | |
| Change Orders: | | |
| Revised Contract Total: | | |
| Contract Billable Balance: | | |
| Amount Due–Current Invoice: | Contract Balance: | |
| 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 by 4:30pm on the scheduled Friday in order for payment to be made according to the schedule. All invoices and applications for payment sheets 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: | Notes: | | | |
|--|-------------|----|---------------|--|
| Subcontractor | | | | |
| PBC Use Only | | | | |
| Approved as submitted: If not, amount to be held: | Yes ———— | No | Release Date: | |
| Project Manager Approval: | | | | |