

GCON, Inc.
Contract Billing Form

Subcontractor Name: _____
Address _____
City, State, Zip _____
Phone Number / Fax Number _____

JOB NAME: _____ **Invoice #** _____
GCON Job #: _____ **Period Thru** _____

1. ORIGINAL CONTRACT SUM _____
2. **APPROVED** Change Orders _____

3. REVISED CONTRACT AMOUNT _____
Enter Percentage Below _____

4. TOTAL COMPLETED OR STORED TO DATE _____

5. LESS, RETENTION @ _____

6. TOTAL EARNED LESS RETAINAGE _____
(Line 4 Less Line 5 Total)

7. LESS PREVIOUS PAYMENT REQUESTS _____
(Line 6 From Previous Invoice)

8. **CURRENT PAYMENT DUE** _____

9. BALANCE TO FINISH, Including Retainage _____
(Line 3 less Line 6)

APPROVED CHANGE ORDERS	DOLLAR AMOUNT
_____	_____
_____	_____
_____	_____
Total	_____

PENDING CHANGE ORDERS	DOLLAR AMOUNT
_____	_____
_____	_____
Total	_____