

First Cascade Corporation

General Contractors

P.O. Box 2158 • Lake Oswego, OR 97035 • (503) 699-8970 • Fax (503) 699-8985 • CCB# 63946

SUBCONTRACTOR BILLING FORM

TO: **FIRST CASCADE CORPORATION**
PO Box 2158
Lake Oswego, OR 97035

PROJECT _____

DATE _____

REQUEST # _____

FROM: _____

BILLING PERIOD _____

Phone #: _____

STATEMENT OF CONTRACT AMOUNT

- 1. Original Contract Amount _____
- 2. Approved Change Orders* _____
- 3. Current Contract Amount _____

*Must be a signed change order

	Gross To Date	Previous Application	This Application
4. Gross Billing Amount	_____	_____	_____
5. Retainage <u>10</u> %	_____	_____	_____
6. Total Less Retainage	_____	_____	_____
7. Balance Due From Previous Application (not including retainage)			_____
8. Total Due to Date (line 6 + line 7)			_____

BEFORE MAILING: PLEASE INCLUDE COMPLETED CONDITIONAL LIEN RELEASE FORM AND/OR PREVAILING WAGE FORMS IF REQUIRED.