

**BOGARD CONSTRUCTION, INC.**

**PROGRESS PAYMENT REQUEST**

Ven #	_____
Job #	_____
Phase #	_____
For BCI Use Only	

To: **Bogard Construction, Inc.**  
350-A Coral Street  
Santa Cruz, CA 95060-2107

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing Date: \_\_\_\_\_  
Job Name: \_\_\_\_\_  
Contact No: \_\_\_\_\_

**CONTRACT INFORMATION**

Base Contract Amount:	_____	\$
Bogard Approved Change Orders	_____	\$
Total Contract Value to Date:	_____	\$

**BILLING INFORMATION**

This billing is for materials and work supplied or performed thru: \_\_\_\_\_

Base Contract:	\$	_____	%	_____	\$
CO#: 001	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$
CO#:	\$	_____	%	_____	\$

Total Contract:\*\* \$ \_\_\_\_\_ % Billing: \$ \_\_\_\_\_

\*\*This figure must agree with above contact value

Less 10% Ret: \$ \_\_\_\_\_

Less Prior Billings (Net): \$ \_\_\_\_\_

Total Due This Invoice: \$ \_\_\_\_\_

**IMPORTANT:** *The Conditional Waiver & Release Upon Progress Payment must be signed.*