Lot/Address	
Invoice #	
Job description	



## **Closing PO Checklist – Subcontractor**

Invoice Amount:	Contract Amount:
PO #:	Contract Balance:
Vendor:	Percent Complete:
Invoice	
AIA Form	
Supplier Release/Out of	of Stock Form
Labor Release	
Superintendent Approx	val Release
Conditional/Uncondition	onal Release
Vendor Insurance Up T	o Date
Signed Changed Orders	5
nitial Submittal Only	
Contract	Full Contract Amount: \$
<b>W</b> 9	Budget Line Amount: \$
	Reallocation Required
AP:	
Controller:	Date:

