



ServiceFax

The History Behind Every Service Provider™



Verified
Information



Comprehensive
Records



Trusted
Insights



Protecting
Homeowners



Empowering
Better Decisions

ServiceFax Payment Schedule Worksheet

ServiceFax™

The History Behind Every Service Provider™

Project Information

Project Name: _____

Property Address: _____

Homeowner Name: _____

Contractor Name: _____

Contract Date: _____

Total Contract Amount: \$ _____

Payment Schedule

Milestone	Description of Work	Scheduled Payment	Due Date	Paid (Y/N)	Payment Date
Deposit		\$			
Phase 1		\$			
Phase 2		\$			
Phase 3		\$			
Phase 4		\$			

Milestone	Description of Work	Scheduled Payment	Due Date	Paid (Y/N)	Payment Date
Final Payment		\$			

Payment Summary

Contract Amount: \$ _____

Approved Change Orders: \$ _____

Revised Contract Amount: \$ _____

Total Paid To Date: \$ _____

Remaining Balance: \$ _____

Documentation Checklist Before Each Payment

Deposit Payment

- ☐ Written Contract Signed
- ☐ Scope of Work Approved
- ☐ License Verification Completed
- ☐ Certificate of Insurance Received
- ☐ Project Start Date Confirmed

Progress Payments

- ☐ Milestone Completed
- ☐ Work Inspected
- ☐ Photos Received
- ☐ Change Orders Approved (if applicable)
- ☐ No Major Defects Observed
- ☐ Permit Requirements Current

Final Payment

- ☐ All Contracted Work Completed
 - ☐ Final Walkthrough Completed
 - ☐ Punch List Completed
 - ☐ Final Inspection Passed
 - ☐ Warranty Documents Received
 - ☐ Lien Waivers Received
 - ☐ Permit Closure Documentation Received
 - ☐ Final Invoice Reviewed
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Payment History Log

Date	Amount	Payment Method	Notes
	\$		
	\$		
	\$		
	\$		
	\$		

ServiceFax Consumer Protection Reminder

- ✓ Avoid large upfront payments.
 - ✓ Tie payments to completed milestones rather than calendar dates.
 - ✓ Retain copies of invoices, receipts, and change orders.
 - ✓ Request lien waivers before releasing final payment.
 - ✓ Never make final payment until all work, inspections, and documentation are complete.
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Signatures

Homeowner: _____

Date: _____

Contractor: _____

Date: _____

