

# PROGRESS BILLING INVOICE

Company Name  
 Address Line 1  
 City, State, Zip

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Period To:** \_\_\_\_\_  
**Project #:** \_\_\_\_\_

**TO (CLIENT):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROJECT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Work	Scheduled Value	Work Completed	Stored Materials	Total Completed	%	Retainage (___%)
General Requirements / Progress Item 1	\$	\$	\$	\$	%	\$
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>%</b>	<b>\$</b>

1. Original Contract Sum	\$
2. Net Change Orders	\$
3. Total Contract to Date	\$

<b>4. Total Completed &amp; Stored</b>	<b>\$</b>
<b>5. Less Retainage</b>	<b>(\$ )</b>
<b>6. Total Earned Less Retainage</b>	<b>\$</b>
<b>7. Less Previous Certificates</b>	<b>(\$ )</b>
<b>8. CURRENT PAYMENT DUE</b>	<b>\$</b>

**Contractor Certification:**

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents.

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Authorized Signature / Date

**Architect/Owner Approval:**

In accordance with the Contract Documents, the Architect/Owner certifies that the work has progressed as indicated and the Contractor is entitled to payment of the Amount Certified.

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Authorized Signature / Date