

PROGRESS BILLING

Invoice #: _____

Date: _____

[COMPANY NAME]

[Address Line 1]

[City, State, Zip]

[Phone / Email]

BILL TO:

[Client Name]

[Client Address]

[City, State, Zip]

PROJECT:

[Project Name / ID]

[Project Location]

Application Period: [Start] to [End]

DESCRIPTION OF WORK	SCHEDULED VALUE	PREVIOUS WORK	THIS PERIOD	TOTAL WORK TO DATE	%	BALANCE TO FINISH
[Phase/Task]	\$	\$	\$	\$	%	\$
[Phase/Task]	\$	\$	\$	\$	%	\$
[Phase/Task]	\$	\$	\$	\$	%	\$

Total Completed to Date:	\$
Less Retainage ([%]%):	\$
Less Previous Payments:	\$
CURRENT PAYMENT DUE:	\$

Certification: The undersigned contractor certifies that to the best of their knowledge, the work covered by this application has been completed in accordance with the contract documents.

Contractor Signature

Date