INVOICE

Phase Payment Request

Invoice #:

Date:

CONTRACTOR:

[Name/Company]
[Address]
[Phone/Email]

CLIENT / PROJECT:

[Client Name]
[Project Name/Site Address]
[Contract #]

DESCRIPTION OF PHASE / WORK COMPLETED	% COMPLETE	AMOUNT

Original Contract Sum: $ _____
Total Earned to Date: $ _____
Less Previous Payments: ($ _____)
Less Retainage (___%): ($ _____)

CURRENT PAYMENT DUE: $ _____

Certification: The undersigned contractor certifies that the work covered by this application has been completed in accordance with the contract documents.

Signature: _____ Date: _____