INTERIM INVOICE

[Contractor Name]
[License Number]
[Business Address]
[Phone / Email]

Invoice No: _____
Date: _____
Period Ending: _____
Application No: _____

CLIENT / OWNER

[Client Name]
[Project Manager]
[Billing Address]

PROJECT INFO

Project Name: [Project Name]
Project ID: [Job Number]
Location: [Site Address]

Code	Description of Work / Division	Scheduled Value	% Comp.	Prev. Billed	Current Request
____	General Requirements / Mobilization	$	%	$	$
____	Site Construction / Earthwork	$	%	$	$

Code	Description of Work / Division	Scheduled Value	% Comp.	Prev. Billed	Current Request
____	Concrete / Foundation	$	%	$	$
____	Structural Steel Fabrication/Erection	$	%	$	$
____	Mechanical / Industrial Piping	$	%	$	$
____	Electrical Systems	$	%	$	$

Total Scheduled Value	$ _____
Total Stored Materials	$ _____
Subtotal (Work Completed)	$ _____
Less Retainage (____%)	$ (_____)
Less Previous Payments	$ (_____)
CURRENT AMOUNT DUE	**$ _____**

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.

Signed: _____
Date: _____