

INTERIM PROGRESS INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]

INVOICE #: _____
DATE: _____
APPLICATION #: _____
PERIOD TO: _____

BILL TO:

[Client Name]
[Project Address]
[City, State, Zip]

PROJECT:

[Project Name/ID]
[Contract Reference Number]

Description of Work	Scheduled Value	% Complete	Total Earned	Previous Billing	Current Amount
General Requirements	\$	%	\$	\$	\$
Site Work	\$	%	\$	\$	\$
Structural	\$	%	\$	\$	\$
Mechanical/Electrical	\$	%	\$	\$	\$
Finishes	\$	%	\$	\$	\$

Total Completed to Date: \$ _____
Less Retainage ([]%): \$ _____
Total Earned Less Retainage: \$ _____
Less Previous Certificates: \$ _____

CURRENT PAYMENT DUE: \$ _____

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.

Authorized Signature / Date