

# INTERIM INVOICE

Application No: \_\_\_\_\_

**[Contractor Name]**

[Address]

[Phone]

[Email]

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## BILL TO

**[Client Name]**

[Project Name/Address]

[Client Address]

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## DETAILS

Date: \_\_\_\_\_

Billing Period: \_\_\_\_\_ to \_\_\_\_\_

Original Contract #: \_\_\_\_\_

Description of Work / Phase	Scheduled Value	% Complete	Amount Due
[Phase Name / Work Description]	\$0.00	0%	\$0.00
[Phase Name / Work Description]	\$0.00	0%	\$0.00

Description of Work / Phase	Scheduled Value	% Complete	Amount Due
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[Approved Change Orders]	\$0.00	0%	\$0.00
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Total Completed to Date: \$0.00  
 Less Previous Payments: (\$0.00)  
 Less Retainage (\_\_\_%): (\$0.00)

**CURRENT PAYMENT DUE: \$0.00**

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_