INTERIM PROGRESS PAYMENT

Invoice #: _____
Date: _____

ARCHITECT

_____
_____
_____

CLIENT / OWNER

_____
_____
_____

PROJECT

Project Name: _____
Project ID: _____

BILLING PERIOD

From: _____ To: _____
Application No: _____

PHASE / DESCRIPTION OF SERVICE	CONTRACT VALUE	% COMP.	TOTAL EARNED	PREVIOUS EARNED	CURRENT AMOUNT
Schematic Design	$	%	$	$	$
Design Development	$	%	$	$	$
Construction Documents	$	%	$	$	$
Bidding & Negotiation	$	%	$	$	$
Construction Administration	$	%	$	$	$
Additional Services / Reimbursables	$	-	$	$	$

Total Work to Date:	$ _____
Less Retainage (___%):	($ _____)
Less Previous Payments:	($ _____)
CURRENT AMOUNT DUE:	**$ _____**

Certification: The undersigned Architect certifies that to the best of their knowledge, information, and belief, the work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Signature: _____
Date: _____