Interim Progress Payment

Invoice # _____

Date: _____

Contractor Information:
[Name/Company]
[Address]
[Phone/Email]

To (Client):
[Client Name]
[Project Address]
[City, State, Zip]
Project Details:
Project Name: _____
Application Period: _____
Application No: _____

Description of Work	Scheduled Value	% Complete	Total Earned

Original Contract Sum: $ _____
Net Change Orders: $ _____
Contract Sum to Date: $ _____
Total Completed to Date: $ _____
Less Retainage (____%): $ _____
Less Previous Payments: $ _____

CURRENT PAYMENT DUE: $ _____
Balance to Finish: $ _____

Contractor Certification:

I certify that the work covered by this application has been completed in accordance with the contract documents.

Signature / Date

Approval:

Payment approved by Architect/Owner representative.

Signature / Date