INTERIM PROGRESS PAYMENT REQUEST

Request No: _____

CONTRACTOR INFORMATION

Name:

Address:

UEI / CAGE:

CONTRACT ADMINISTRATION

Contract No:

Delivery/Task Order:

Date of Request:

Description of Work/Item	Total Contract Amount	% Complete	Total Earned to Date

FINANCIAL SUMMARY

1. Total Amount Earned to Date	$
2. Less Retainage (____%)	$
3. Net Amount Earned (1 minus 2)	$
4. Less Previous Payments	$

5. AMOUNT DUE THIS INVOICE	**$**

I certify that the items/services have been delivered/performed in accordance with the contract terms and that all previous payments received under this contract were applied to discharge obligations of the contractor.

AUTHORIZED SIGNATURE
TITLE AND DATE

Standard Form equivalent for Interim Payment Requests.