INTERIM PROGRESS PAYMENT

Application No: _____
Date: _____

[Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT No]

CLIENT / OWNER

[Client Name]
[Project Site Address]
[Contact Person]

PROJECT DETAILS

Project Name: [Project Title]
Contract No: [Reference Number]
Period Ending: [Date]

Description of Work / Scheduled Item	Contract Value	% Complete	Total to Date
[Phase 1 / Mobilization]	$0.00	0%	$0.00
[Phase 2 / Materials On-Site]	$0.00	0%	$0.00
[Phase 3 / Installation/Labor]	$0.00	0%	$0.00
[Variation Orders / Changes]	$0.00	0%	$0.00

Total Completed to Date:	$0.00
Less Retention (___%):	($0.00)

Less Previous Payments:	($0.00)
CURRENT AMOUNT 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.

Authorized Signature