INTERIM PAYMENT INVOICE

Invoice #: _____
Date: _____

[Company Name]
[Address Line 1]
[City, State, Zip]

BILL TO:
[Client Name]
[Project Name/ID]
[Client Address]
PROJECT DETAILS:
Billing Period: _____ to _____
Contract Date: _____
Application No: _____

Description of Work / Phase	Scheduled Value	% Complete	Work to Date	Previous Billing	Current Amount

Total Completed to Date: $_____
Less Retainage (___%): ($_____)
Less Previous Payments: ($_____)
TOTAL AMOUNT DUE: $_____

Certification: I hereby certify that the work items listed above have been completed in accordance with the contract documents.

Contractor Signature

Date

Terms: Net [30] Days. Please make checks payable to [Company Name].