INTERIM INVOICE

Commercial General Contracting

Invoice #: _____

Date: _____

Period Ending: _____

CONTRACTOR

Company Name:
Address:
Phone:
Email:

CLIENT / OWNER

Company Name:
Project Name:
Project Location:
Contract #:

Description of Work	Scheduled Value	% Comp.	Total Completed to Date	Previous Applications	Amount This Period
General Requirements	$	%	$	$	$
Site Work	$	%	$	$	$
Concrete / Masonry	$	%	$	$	$
Metals / Wood / Plastics	$	%	$	$	$

Description of Work	Scheduled Value	% Comp.	Total Completed to Date	Previous Applications	Amount This Period
Thermal & Moisture Protection	$	%	$	$	$
Finishes	$	%	$	$	$
Mechanical / Electrical	$	%	$	$	$
Approved Change Orders	$	%	$	$	$

Total Completed to Date	$
Less Retainage (____%)	($)
Subtotal (Less Retainage)	$
Less Previous Payments	($)
CURRENT PAYMENT DUE	**$**

Contractor's 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.

Signature: _____ Date: _____