INTERIM INVOICE

Application No: _____
Date: _____

[Contractor Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / License No]

Client Information

[Client Name]
[Project Address]
[City, State, Zip]

Project Details

Project Name: [Project Name]
Contract No: [Contract ID]
Billing Period: [Start Date] - [End Date]

Description of Work / Division	Scheduled Value	% Complete	Total to Date
[Item Description]	$ 0.00	0%	$ 0.00
[Item Description]	$ 0.00	0%	$ 0.00
[Item Description]	$ 0.00	0%	$ 0.00

Total Completed to Date: $ 0.00
Less Retainage ([0]%): ($ 0.00)
Less Previous Payments: ($ 0.00)

Current Payment Due: $ 0.00

Notes & Instructions

Please make checks payable to [Contractor Name]. Payment is due within [X] days. All work performed according to contract specifications.

_____
Contractor Signature

_____
Date