INTERIM BILLING

Application No: _____
Period To: _____

[Contractor Name]
[Address Line 1]
[Phone / Email]

TO (OWNER):
[Client Name]
[Project Address]
PROJECT INFO:
Project Name: [Name]
Contract Date: [Date]

SCHEDULE OF VALUES

Description of Work	Scheduled Value	% Complete	Work Completed	Retainage	Balance
[Line Item 1]	$	%	$	$	$
[Line Item 2]	$	%	$	$	$
[Line Item 3]	$	%	$	$	$

SUMMARY OF ACCOUNT

Total Completed to Date	$
Less Previous Certificates	($)

Less Retainage (___%)	($)
CURRENT PAYMENT DUE	$

Contractor Certification:

The undersigned Contractor certifies that to the best of the Contractor's knowledge, the work covered by this Application for Payment has been completed in accordance with the Contract Documents.

By: _____ Date: _____

Architect/Owner Approval:

Approved for payment as noted above.

By: _____ Date: _____

Notes: [Insert lien waiver attachments or payment instructions here]