# INTERIM FEE INVOICE

General Contractor Name

Invoice #: _____

Date: _____

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**TO (CLIENT):**

_____
_____
_____

**PROJECT:**

_____
Project ID: _____
Period Ending: _____

| Description of Work / Phase | Contract Value | % Complete | Total Earned | Previous Billing | Amount Due |
|---|---|---|---|---|---|
| _____ | $ | % | $ | $ | $ |
| _____ | $ | % | $ | $ | $ |
| General Conditions / Fees | $ | % | $ | $ | $ |

Subtotal: $ _____
Less Retainage (____%): ($ _____)
Tax: $ _____

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**TOTAL AMOUNT DUE: $ _____**

**Certification:** The undersigned Contractor certifies that the work covered by this invoice has been completed in accordance with the contract documents.

Signature: _____ Date: _____