INTERIM PROJECT INVOICE

[Contractor Business Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Period Ending: [MM/DD/YYYY]

BILL TO:

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

PROJECT DETAILS:

Project Name: [Project Name]
Contract Date: [MM/DD/YYYY]
Application #: [00]

DESCRIPTION OF WORK / PHASE	SCHEDULED VALUE	% COMPLETE	TOTAL EARNED	PREVIOUS BILLING	CURRENT DUE
[Phase 1: Mobilization/Demo]	$0.00	0%	$0.00	$0.00	$0.00
[Phase 2: Rough-In]	$0.00	0%	$0.00	$0.00	$0.00
[Phase 3: Materials On-Site]	$0.00	0%	$0.00	$0.00	$0.00
Subtotal:					$0.00
Less Retainage ([0]%):					($0.00)
Tax:					$0.00
TOTAL DUE:					**$0.00**

Notes: All payments are due within [00] days. Please include the invoice number on your check.

Certification: The undersigned Contractor certifies that to the best of their knowledge, the work covered by this interim invoice has been completed in accordance with the contract documents.