PROGRESS BILLING

Application No: _____
Date: _____

CONTRACTOR NAME
Address Line 1
City, State, Zip

BILL TO:
Client Name
Project Address
City, State, Zip
PROJECT DETAILS:
Project Name: _____
Contract Date: _____
Period To: _____

Description of Work	Scheduled Value	% Complete	Total Earned	Previous Billing	Current Due

Total Contract Sum: $0.00
Total Completed to Date: $0.00
Less Retainage (____%): ($0.00)
Less Previous Payments: ($0.00)
CURRENT AMOUNT DUE: $0.00

The undersigned contractor certifies that the work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Authorized Signature