

CONTRACTOR:

[Name]
[Address]
[License #]

PROGRESS BILLING

Invoice #: _____
Date: _____

TO (OWNER/AGENCY):

[Agency Name]
[Department/Project Manager]
[Address]

PROJECT DETAILS:

Project Name: [Project Name]
Contract No: [Contract #]
Billing Period: [Start Date] to [End Date]

Item #	Description of Work	Scheduled Value	Work Completed		Materials Stored	Total Completed & Stored	%	Balance to Finish
			Previous	This Period				
001	Mobilization	\$	\$	\$	\$	\$	%	\$
002	Site Work / Excavation	\$	\$	\$	\$	\$	%	\$
TOTALS		\$	\$	\$	\$	\$	%	\$
Original Contract Sum								\$
Net Change by Change Orders								\$
Contract Sum to Date								\$

Total Completed & Stored	\$
Less Retainage (____%)	(\$)
Total Earned Less Retainage	\$
Less Previous Certificates	(\$)
CURRENT PAYMENT DUE	\$

CONTRACTOR CERTIFICATION:

The undersigned Contractor certifies that to the best of their knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Contractor Representative Signature

ARCHITECT/ENGINEER APPROVAL:

In accordance with the Contract Documents, the Architect/Engineer certifies to the Owner that the Contractor is entitled to payment in the amount certified above.

Authorized Signature