

PROGRESS BILLING

[Architectural Firm Name]

[Street Address]

[City, State, Zip]

INVOICE #: _____

DATE: _____

APPLICATION #: _____

CLIENT / OWNER

[Client Name]

[Client Address]

PROJECT

[Project Name / Number]

[Project Location]

Phase Description	Contract Amount	% Comp.	Total Earned	Prev. Billed	Current Due
Schematic Design	\$	%	\$	\$	\$
Design Development	\$	%	\$	\$	\$
Construction Documents	\$	%	\$	\$	\$
Bidding & Negotiation	\$	%	\$	\$	\$
Construction Administration	\$	%	\$	\$	\$
Reimbursable Expenses	\$	100%	\$	\$	\$

Total Contract Value: \$ _____

Total Earned to Date: \$ _____
Less Retainage (___%): (\$ _____)
Less Previous Billings: (\$ _____)
CURRENT PAYMENT DUE: \$ _____

Certification: The undersigned Architect 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.

AUTHORIZED SIGNATURE