

INVOICE

Company Name: _____

Address: _____

Phone: _____

Invoice #: _____

Date: _____

Project Name: _____

Application #: _____

BILL TO:

PROJECT LOCATION:

Description of Work / Item #	Scheduled Value	% Complete	Total Earned

Original Contract Sum: \$ _____

Net Change Orders: \$ _____

Contract Sum to Date: \$ _____

Total Completed to Date: \$ _____

Less Retainage (____%): \$ _____

Less Previous Certificates: \$ _____

CURRENT PAYMENT DUE: \$ _____

Contractor Signature: _____ **Date:** _____

Approval Signature: _____ **Date:** _____