PROGRESS BILLING INVOICE

[Contractor Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Application #: _____
Period To: _____

BILL TO:

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

CONTRACT SUMMARY:

Original Contract Sum: _____
Net Change Orders: _____
Revised Contract Sum: _____

DESCRIPTION OF WORK	SCHEDULED VALUE	PREV. COMPLETED	THIS PERIOD	% COMPLETE	TOTAL COMPLETED	BALANCE TO FINISH
TOTALS	**$**	**$**	**$**	**%**	**$**	**$**

Total Completed to Date	$ 0.00
Less Retainage ([ ]%)	$ 0.00

Total Earned Less Retainage	$ 0.00
Less Previous Payments	$ 0.00
CURRENT PAYMENT DUE	**$ 0.00**

Contractor Certification: I hereby certify that the work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Signature: _____ Date: _____