SUBCONTRACTOR PROGRESS BILLING

[Subcontractor Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: _____

Date: _____

Period Ending: _____

Application #: _____

BILL TO

[Prime Contractor Name]
[Project Manager Name]
[Address Line 1]
[City, State, Zip]

PROJECT INFO

Project Name: _____
Project #: _____
Contract #: _____

Description of Work	Scheduled Value	Work Completed (Prev)	Work Completed (This Period)	Materials Stored	% Complete	Balance to Finish
[Phase/Task 1]	$ 0.00	$ 0.00	$ 0.00	$ 0.00	0%	$ 0.00
[Phase/Task 2]	$ 0.00	$ 0.00	$ 0.00	$ 0.00	0%	$ 0.00

Description of Work	Scheduled Value	Work Completed (Prev)	Work Completed (This Period)	Materials Stored	% Complete	Balance to Finish
[Approved Change Orders]	$ 0.00	$ 0.00	$ 0.00	$ 0.00	0%	$ 0.00

Total Earned to Date	$ 0.00
Less Retainage (___%)	($ 0.00)
Total Less Retainage	$ 0.00
Less Previous Payments	($ 0.00)
CURRENT DUE	**$ 0.00**

Certification: The undersigned subcontractor certifies that the work covered by this application has been completed in accordance with the contract documents and that all amounts have been paid for which previous certificates for payment were issued.

Subcontractor Authorized Signature

Date