PROGRESS BILLING

Invoice #: _____
Date: _____
Period To: _____

SUBCONTRACTOR INFORMATION

[Name]
[Address Line 1]
[Address Line 2]
[Phone / Email]

PROJECT / CLIENT

[Project Name]
[General Contractor Name]
[Project Address]
Contract #: _____

Description of Work	Scheduled Value	% Comp.	Total Completed to Date	Previous Billing	Current Due
[Phase 1 / Item Name]	$	%	$	$	$
[Phase 2 / Item Name]	$	%	$	$	$
[Approved Change Orders]	$	%	$	$	$

Total Completed to Date:	$
Less Retainage ([ ]%):	$
Total Earned Less Retainage:	$
Less Previous Certificates:	$

CURRENT PAYMENT DUE:	**$**
Balance to Finish:	$

CERTIFICATION

The undersigned Subcontractor certifies that the work covered by this Application for Payment has been completed in accordance with the Contract Documents and that all amounts have been paid for work which previous Certificates for Payment were issued.

Subcontractor Authorized Signature
Date