# PROGRESS BILLING

Invoice #: [ ]
Date: [ ]

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

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**BILL TO:**
[General Contractor/Client Name]
[Address Line 1]
[Address Line 2]
**PROJECT:**
[Project Name/ID]
[Project Location]
Application Period: [Start Date] - [End Date]

| Description of Work | Scheduled Value | % Comp. | Work Completed to Date | Previous Billing | Current Due |
|---|---|---|---|---|---|
| [Phase/Task Name] | $ 0.00 | 0% | $ 0.00 | $ 0.00 | $ 0.00 |
| [Phase/Task Name] | $ 0.00 | 0% | $ 0.00 | $ 0.00 | $ 0.00 |

Total Completed to Date: $ 0.00

Less Retainage ([ ]%): ($ 0.00)

Total Earned Less Retainage: $ 0.00

Less Previous Certificates: ($ 0.00)

**CURRENT PAYMENT DUE: $ 0.00**

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**Subcontractor Certification:**

I hereby certify that the work covered by this application has been completed in accordance with the contract documents.

_____
Authorized Signature

**Approval:**

_____

Project Manager/Client Signature