# RETAINAGE RELEASE INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

**Invoice #:** _____

**Date:** _____

**Project ID:** _____

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## BILL TO

[Client Name]
[Company Name]
[Address Line 1]
[City, State, Zip]

## PROJECT DETAILS

**Contract Name:** _____
**Contract Date:** _____
**Completion Date:** _____

| Description of Services/Work Phase | Contract Amount | Completed (%) | Total Earned |
|---|---|---|---|
| [Description] | $ | % | $ |
| [Description] | $ | % | $ |

Total Value of Work: $ _____

Less Previous Payments: ($ _____)

**Retainage Amount Due:** $ _____

**TOTAL AMOUNT REQUESTED:** **$ _____**

**NOTES / CERTIFICATION**

I hereby certify that the work covered by this request for release of retainage has been completed in accordance with the contract documents. All subcontractors and material suppliers have been paid in full for work covered by previous payments.

Authorized Signature: _____ Date: _____