[CONTRACTOR COMPANY NAME]
[STREET ADDRESS]
[CITY, STATE, ZIP]
[PHONE] | [LICENSE NUMBER]

PROGRESS BILLING

Invoice #: _____
Date: _____

BILL TO:
[Client Name]
[Client Address]
[City, State, Zip]
PROJECT:
[Project Name / ID]
[Project Address]
Application Period: _____ to _____

Description of Work	Scheduled Value	Previous Work	This Period	Total Completed	%	Balance to Finish
General Requirements	$	$	$	$	%	$
Site Work	$	$	$	$	%	$
Concrete / Masonry	$	$	$	$	%	$
Framing / Structural	$	$	$	$	%	$
Electrical / Plumbing / HVAC	$	$	$	$	%	$

Description of Work	Scheduled Value	Previous Work	This Period	Total Completed	%	Balance to Finish
Finishes	$	$	$	$	%	$

Total Completed to Date:	$
Less Retainage (_____%):	($)
Less Previous Payments:	($)
CURRENT AMOUNT DUE:	**$**

Contractor Certification:

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Authorized Signature / Date

Terms: [Net 30] | Please make checks payable to: [Contractor Company Name]