

COMMERCIAL SUBCONTRACT MONTHLY BILLING INVOICE

Subcontractor:		Prime Contractor:	
Address:		Address:	
Phone/Email:		Project Name:	
Subcontract No:		Billing Period:	
Invoice Number:		Invoice Date:	

SCHEDULE OF VALUES & WORK PROGRESS

Item No.	Description of Work	Scheduled Value	Work Completed			Balance to Finish	Retainage (%)
			Previous	This Period	Total to Date		
Totals:							

BILLING SUMMARY

1. Original Contract Sum	
2. Net Change by Change Orders	
3. Contract Sum to Date (Line 1 + Line 2)	
4. Total Completed & Stored to Date	
5. Retainage Amount (% of Line 4)	
6. Total Earned Less Retainage (Line 4 Less Line 5)	
7. Less Previous Certificates for Payment	
8. CURRENT PAYMENT DUE	

Subcontractor Certification:
 The undersigned subcontractor certifies that to the best of their knowledge, information, and belief, the work covered by this application for payment has been completed in accordance with the subcontract documents, that all amounts have been paid for work which previous certificates for payment were issued, and that the current payment shown herein is now due.

Subcontractor Signature:

Prime Contractor Approval:

By: _____

By: _____

Title:

Title:

Date:

Date: