DRAW REQUEST

Progress Billing Invoice

Application No:

Invoice Date:

Period To:

CONTRACTOR / BILLING FROM

Company:

Address:

Phone/Email:

License No:

OWNER / BILLING TO

Name/Company:

Project Name:

Project Address:

Contract Date:

Original Contract Amount:

Revised Contract Amount:

Total Approved Change Orders:

Total Completed to Date:

Total:

NOTES / REMARKS

Total Completed & Stored to Date:

Less Retainage (____%):

Total Earned Less Retainage:

Less Previous Requests for Payment:

CURRENT AMOUNT DUE:

Balance to Finish (Including Retainage):

Contractor Signature

Date: _____

Architect / Inspector Signature

Date: _____

Owner Signature

Date: _____