

PROGRESS PAYMENT INVOICE

Monthly Scheduled Application

INVOICE NO: _____

DATE: _____

BILLING PERIOD: _____

TO (CLIENT / OWNER):

FROM (CONTRACTOR):

PROJECT NAME:

CONTRACT NUMBER:

SCHEDULE OF VALUES & WORK PROGRESS

ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED (PREV. PERIODS)	WORK COMPLETED (THIS PERIOD)	MATERIALS STORED	TOTAL COMPLETED & STORED	% COMPLETE	BALANCE TO FINISH
1								
2								
3								
4								
5								
6								
Totals:								

CHANGE ORDER SUMMARY

SUMMARY OF CHANGES	ADDITIONS	DEDUCTIONS
Total Approved Previous		
Total Approved This Period		
Totals		
Net Change Orders		

PAYMENT RECONCILIATION

1. Original Contract Sum	
2. Net Change Orders	
3. Contract Sum to Date (Line 1 + 2)	
4. Total Completed & Stored to Date	
5. Less Retainage (____%)	
6. Total Earned Less Retainage	
7. Less Previous Payments	

8. AMOUNT DUE THIS INVOICE

Contractor Signature

Date: _____

Architect / Owner Approval

Date: _____