PROGRESS PAYMENT CLAIM

Invoice No:

Date:

Application No:

TO (CLIENT / OWNER)

Name:

Address:

Contact:

FROM (CONTRACTOR)

Name:

Address:

Contact:

PROJECT DETAILS

Project Name:

Contract No:

Billing Period:

Payment Terms:

Contract Summary

1. Original Contract Sum	
2. Net Change by Change Orders (Approved)	
3. Total Revised Contract Amount (Line 1 + 2)	
4. Total Completed & Stored to Date	
5. Retainage Amount (if applicable)	
6. Total Earned Less Retainage (Line 4 less Line 5)	
7. Less Previous Certificates for Payment (Cumulative paid to date)	
8. CURRENT PAYMENT DUE (Line 6 less Line 7)	
9. Balance to Finish, Including Retainage (Line 3 less Line 6)	

Detailed Progress Breakdown

ITEM	DESCRIPTION OF WORK	SCHEDULED VALUE	PREV. COMPLETED	THIS PERIOD	TOTAL COMPLETED	% COMPLETE	BALANCE TO FINISH

ITEM	DESCRIPTION OF WORK	SCHEDULED VALUE	PREV. COMPLETED	THIS PERIOD	TOTAL COMPLETED	% COMPLETE	BALANCE TO FINISH
1							
2							
3							
4							
5							
Total							

Submitted By (Contractor Signature)

Date:

Approved By (Architect / Client Signature)

Date: