PROGRESS PAYMENT INVOICE

PROJECT MILESTONE BILLING

Invoice No:

Date:

Application No:

Payment Terms:

COMPANY / CONTRACTOR (FROM)	CLIENT / BILL TO

Project Name:		**Contract No:**	
Project Location:		**Billing Period:**	

NO.	MILESTONE DESCRIPTION	CONTRACT VALUE	% COMPLETE	TOTAL COMPLETED	PREVIOUS CLAIMS
1					
2					
3					
4					
5					

Total Contract Amount:

Total Work Completed to Date:

Less: Retainage (if applicable):

Less: Previously Invoiced / Paid:

CURRENT AMOUNT DUE:

Remaining Contract Balance:

PAYMENT INSTRUCTIONS & TERMS

Prepared By (Contractor Signature)

Date:

Approved By (Client / Representative)

Date: