PROGRESS PAYMENT CLAIM

Invoice No: ____________

Date: ____________

To (Client):		Project Name:	
Address:		Project Address:	
Contract Number:		Application Number:	
Billing Period From:		Billing Period To:	

CONTRACT SUMMARY TO DATE

1. Original Contract Sum	
2. Net Change by Change Orders (Approved)	
3. Contract Sum to Date (Line 1 ± Line 2)	
4. Total Completed & Stored to Date (Column G on SOV)	
5. Retainage (_____% of Completed & Stored)	
6. Total Earned Less Retainage (Line 4 less Line 5)	
7. Less Previous Certificates for Payment (Line 6 from previous claim)	
8. CURRENT PAYMENT DUE (Line 6 less Line 7)	
9. Balance to Finish, Including Retainage (Line 3 less Line 6)	

SCHEDULE OF VALUES

ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS STORED (NOT ON SITE)	TOTAL COMPLETED & STORED (D+E+F)	% (G/C)	BALANCE TO FINISH (C-G)	RETAINAGE
			PREVIOUS (D)	THIS PERIOD (E)					
	Total:								

CERTIFICATIONS & SIGNATURES

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:	ARCHITECT / ENGINEER:	OWNER:
By:	By:	By:
Date:	Date:	Date: