

INTERIM INVOICE

WORK IN PROGRESS BILLING

INVOICE NO: _____
INVOICE DATE: _____
BILLING PERIOD: _____
PROJECT ID: _____

BILL TO:

PROJECT/SITE:

CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT	APPROVED CHANGE ORDERS	TOTAL REVISED CONTRACT	TOTAL PREVIOUSLY BILLED	REMAINING BALANCE
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WORK IN PROGRESS BREAKDOWN

TASK / PHASE DESCRIPTION	SCHEDULED VALUE	% COMPLETE	PREVIOUS BILLED	CURRENT AMOUNT DUE
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Subtotal Due: _____

Retainage Rate: _____

Less Retainage: _____

Total Current Payment Due: _____

PREPARED BY:

APPROVED BY:

Project Manager Signature / Date

Client Representative Signature / Date

**PAYMENT TERMS &
INSTRUCTIONS**
