

PROGRESS BILLING

Statement No:

.....

Date:

.....

CLIENT INFORMATION

Client Name:

Address:

Contact Person:

Phone/Email:

PROJECT INFORMATION

Project Name:

Project Location:

Contract No:

Billing Period:

Contract Summary			
Original Contract Sum		Total Completed to Date	
Net Change Orders		Total Retainage	
Revised Contract Sum		Total Previous Payments	
Balance to Complete		Current Amount Due	

No.	Milestone Description	Scheduled Value	% Comp.	Total Completed	Previous Billed	Current Due
Totals						

Gross Amount Earned	
Less Retainage (___%)	

Total Earned Less Retainage	
Less Previous Billings	
Net Amount Due This Billing	

Prepared By (Contractor Signature)

Date:

Approved By (Client/Representative Signature)

Date: