PROGRESS INVOICE

INVOICE NO.

DATE

APPLICATION NO.

BILLING PERIOD TO

BILLING TO

Client Name:

Address:

City, ST, Zip:

Contact:

PROJECT DETAILS

Project Name:

Project No/ID:

Contract No:

Location:

1

2

3

4

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TOTALS

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.

CONTRACTOR REPRESENTATIVE SIGNATURE

DATE

Approved for payment by the Owner / Architect representative.

AUTHORIZED SIGNATURE

DATE

1. **Total Completed & Stored To Date**
2. **Less Retainage (____ %)**
3. **Total Earned Less Retainage**
4. **Less Previous Certificates for Payment**

Balance to Finish, Plus Retainage