

PROGRESS BILLING

Invoice No:

Date:

Application No:

TO (CLIENT / OWNER)

Client Name:

Address:

City/State/Zip:

Attn:

PROJECT REFERENCE

Project Name:

Project No:

Contract No:

Billing Period To:

CONTRACT PROGRESS SUMMARY

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 Schedule)
5. Retainage (___% of Completed Work)
6. Total Earned Less Retainage (Line 4 Less Line 5)
7. Less Previous Certificates for Payment (Line 6 from prior Certificate)
8. CURRENT PAYMENT DUE (Line 6 Less Line 7)
9. Balance to Finish, Including Retainage (Line 3 Less Line 6)

SCHEDULE OF VALUES (PROGRESS DETAIL)

TOTALS

CONTRACTOR CERTIFICATION

The undersigned Contractor certifies that to the best of their knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Authorized Representative Signature

Date:

ARCHITECT / PM CERTIFICATE

In accordance with the Contract Documents, based on on-site observations, the Architect/Project Manager certifies that the Work has progressed as indicated and the quality is in accordance with the Contract.

Certified By

Date:

OWNER APPROVAL

The Owner hereby approves this Progress Payment Application for disbursement, subject to any adjustments detailed and agreed upon in the project documentation.

Approved By

Date: