PROGRESS INVOICE

Invoice No:
Date:
Due Date:
Application No:

BILL TO

Client Name:
Company:
Address:
Email/Phone:

PROJECT DETAILS

Project Name:
Project ID:
Location:
Contract Date:

ORIGINAL CONTRACT VALUE

APPROVED CHANGE ORDERS

REVISED CONTRACT VALUE

TOTAL COMPLETED TO DATE

NO.	MILESTONE / TASK DESCRIPTION	SCHEDULED VALUE	% COMPLETE	TOTAL COMPLETED	REQUESTED THIS INVOICE
1					
2					
3					
4					
5					

Total Scheduled Value:
Total Completed to Date:
Less Retainage (%):
Less Previous Payments:

Amount Due This Invoice:

PAYMENT TERMS & INSTRUCTIONS

Contractor Representative / Date

Client Representative / Date