Progressive Billing Invoice

Invoice #: _____
Date: _____
Due Date: _____

Company Name
Address Line 1
Address Line 2
Contact: _____
Email: _____

BILL TO

Client Name
Client Address Line 1
Client Address Line 2
Contact: _____
Email: _____

PROJECT DETAILS

Project Name: _____
Project Number: _____
Start Date: _____
End Date: _____

PROGRESS BILLING SUMMARY

DESCRIPTION	SCHEDULED VALUE	PREVIOUSLY BILLED	THIS PERIOD	TOTAL BILLED TO DATE	BALANCE TO FINISH
Item/Phase 1	_____	_____	_____	_____	_____
Item/Phase 2	_____	_____	_____	_____	_____

Total Contract Value _____

Previously Billed _____

Current Invoice Amount _____

Balance Remaining _____

NOTES