

Contractor Payment Application Form (Progress Billing)

Project Name

Owner/Client

Contractor

Payment Application No.

Period To

Application Date

1. Contract Summary

Original Contract Value

Total Approved Change Orders

Adjusted Contract Value

2. Payment Details

Description	Current Period	Total to Date
Work Completed	<input type="text"/>	<input type="text"/>
Stored Materials	<input type="text"/>	<input type="text"/>
Less: Retainage (%)	<input type="text"/>	<input type="text"/>
Less: Previous Payments	-	<input type="text"/>
Total Due This Application	<input type="text"/>	

3. Remarks / Notes

4. Certification

I hereby certify that the work and materials for which payment is requested have been completed and/or supplied in full accordance with the contract documents up to the date of this application.

Contractor's Authorized Representative

Date: _____

Owner/Client's Representative

Date: _____