Interim Payment Application Form

Project Name:

_____

Contract No.:

_____

Contractor:

_____

Client/Employer:

_____

Application No.:

_____

Application Date:

_____

Period Covered:

From (dd/mm/yyyy)   to   To (dd/mm/yyyy)

Statement of Work Done

#	Description of Work	Unit	Quantity to Date	Previous Quantity	Current Quantity	Unit Rate	Total Amount
						Sub-Total	

Less: Retention (%)

_____

Less: Previous Payments

_____

Net Amount This Application

_____

_____

Contractor's Signature & Stamp

_____

Date

_____

Client/Consultant's Certification & Stamp

Date