

MONTHLY BILLING SUMMARY

Project Name: _____
 Project No.: _____
 Owner: _____

Period: _____
 Contractor: _____
 GC/Operator: _____

BILLING SUMMARY

Contract Amount: _____ \$
 Previous Billing: _____ \$
 Current Billing: _____ \$
 Total Billed To Date: _____ \$
 Retainage (____%): _____ \$
 Balance to Finish: _____ \$

LINE ITEM DETAIL

ITEM	DESCRIPTION	CONTRACT AMT	PREV BILLED	THIS PERIOD	TOTAL BILLED	%
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTALS						

CONTRACTOR CERTIFICATION

I certify that the billing shown above is correct and represents work completed and material furnished.

Signature: _____ Date: _____ Title: _____