

Progress Report Evaluation Form

Date: _____

Name of Firm: _____

RPC Contract No.: _____

Project Description: _____

Invoice No.: _____ (sequential)

Invoice Period: _____

Project Budget	% Contract Complete This Period	% Contract Complete to Date	Amount Due this Period	Amount Previously Invoiced	Amount Billed to Date
Totals					

I, the undersigned, do hereby certify that the above evaluation form is a true and correct accounting of our records and the amounts have not been paid on previous invoices.

Signature of Certifying Officer

Date