BID SUMMARY / COST TO DATE FORM

Dist–Co–Rte–PM _____
Project Number _____
Invoice Number _____

Item No.	Item Description	Total Unit Amount	Lump Sum. Amount	Bid Amount				Previous Paid Amount			Invoiced Amount			Total Amount		
				Unit	Qty or %	Unit Price	Amount	Qty or %	Unit Price	Amount	Qty or %	Unit Price	Amount	Qty or %	Unit Price	Amount
TOTALS																

Original Contract Amount $_____

Contract Changes $_____

Revised Contract Amount $_____

Work Complete to Date $ ___(or %)_____

Retention Amount $_____

Net Billed To Date $_____

Amount Due This Invoice $_____