Progress Report Evaluation Form

Date:		
Name of Firm:		
RPC Contract No.:		
Project Description:		
Invoice No.:	(sequential)	
Invoice Period:		

Project Budget	% Contract Compete 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