

PAYMENT ESTIMATE - CONTRACT PERFORMANCE					1. DATE:		2.: SHEET OF	
3. CONTRACTOR AND ADDRESS:				4. CONTRACT NUMBER:		5.		
6. DESCRIPTION OF WORK:				7. APPROPRIATION AND PROJECT:				
8. LOCATION:			9. PERIOD COVERED BY THIS ESTIMATE: FROM: TO:			10. JOB ORDER NUMBER:	11. ESTIMATE NUMBER:	
12. ITEM NO.	13. DESCRIPTION			14. CONTRACT			15. TOTAL TO DATE	
				A. QUANTITY AND UNIT	B. UNIT PRICE	C. AMOUNT	A. QUANTITY AND UNIT	B. AMOUNT
TOTAL CONTRACT -----						TOTAL EARNINGS TO DATE -----		
16. I CERTIFY that I have checked the quantities covered by the bill or estimate; that the work was actually performed; that the quantities are correct and consistent with all previous computations as actually checked; that the quantities and amounts are wholly consistent with the requirements of the contract or other instrument involved. SIGNATURE: _____ TITLE: _____ DATE: _____ APPROVED (Contracting Officer): _____		17. I CERTIFY that the above bill is correct and just and that payment therefore has not been received; I further certify that the contractor and all subcontractors employed on the work have complied with the labor standards provisions of the contract. PAYEE: _____ PER: _____ TITLE: _____ DATE: _____		18. A. PREVIOUS DEDUCTIONS OTHER THAN ** RETAINED PERCENTAGE				
				B. PREVIOUS RETAINED PERCENTAGE				
				C. PREVIOUS PAYMENTS				
				D. LESS PREVIOUS EARNINGS (A + B + C)				
				E. EARNINGS THIS PERIOD (TOTAL EARNINGS TO DATE MINUS D)				
				F. LESS RETAINED PERCENTAGE				
				G. LESS DEDUCTIONS OTHER THAN RETAINED PERCENTAGE OF THIS PERIOD				
				H. AMOUNT DUE CONTRACTOR (E-F-G)				
19. RECAPITULATION:				TOTAL RETAINED % (B + F):		TOTAL PAID (C + H):		
20. VERIFIED AS TO QUANTITY AND AMOUNTS:				SIGNATURE		TITLE		DATE