

Form RD 1924-18 (Rev. 6-97)	UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY  <b>PARTIAL PAYMENT ESTIMATE</b>	CONTRACT NO. _____ PARTIAL PAYMENT ESTIMATE NO. _____ PAGE _____
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OWNER: _____	CONTRACTOR: _____	PERIOD OF ESTIMATE FROM _____ TO _____
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CONTRACT CHANGE ORDER SUMMARY				ESTIMATE	
No.	Agency Approval Date	Amount			
		Additions	Deductions		
				1. Original Contract .....	_____
				2. Change Orders .....	_____
				3. Revised Contract (1 + 2) .....	_____
				4. Work Completed* .....	_____
				5. Stored Materials* .....	_____
				6. Subtotal (4 + 5) .....	_____
				7. Retainage* .....	_____
				8. Previous Payments .....	_____
				9. Amount Due (6-7-8) .....	_____
TOTALS				* Detailed breakdown attached	
NET CHANGE					

CONTRACT TIME		
Original (days) _____ Revised _____ Remaining _____	On Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Date _____ Projected Completion _____

<p><b>CONTRACTOR'S CERTIFICATION:</b>                  The undersigned Contractor certifies that to the best of their knowledge, information and belief the work covered by this payment estimate has been completed in accordance with the contract documents, that all amounts have been paid by the contractor for work for which previous payment estimates was issued and payments received from the owner, and that current payment shown herein is now due.</p> <p>Contractor _____</p> <p>By _____</p> <p>Date _____</p> <p>APPROVED BY OWNER:</p> <p>Owner _____</p> <p>By _____</p> <p>Date _____</p>	<p><b>ARCHITECT OR ENGINEER'S CERTIFICATION:</b>                  The undersigned certifies that the work has been carefully inspected and to the best of their knowledge and belief, the quantities shown in this estimate are correct and the work has been performed in accordance with the contract documents.</p> <p>Architect or Engineer _____</p> <p>By _____</p> <p>Date _____</p> <p>ACCEPTED BY AGENCY:</p> <p>The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents.</p> <p>By _____</p> <p>Title _____</p> <p>Date _____</p>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

TYPICAL UNIT PRICE BREAKDOWN \*

ITEM	DESCRIPTION	CONTRACT <i>(revised)</i>			THIS PERIOD		TOTAL TO DATE		% COM- PLETE
		QUANTITY	UNIT PRICE	AMOUNT	QUANTITY	AMOUNT	QUANTITY	AMOUNT	
	TOTALS								

TYPICAL LUMP SUM PRICE BREAKDOWN *						TYPICAL STORED MATERIALS AND RETAINAGE BREAKDOWN *			
ITEM	DESCRIPTION	SCHEDULED VALUE	WORK COMPLETED		% COM- PLETE	MATERIALS STORED AT END OF THIS PAYMENT PERIOD			
			THIS PERIOD	TO DATE		DESCRIPTION	QUANTITY	UNIT VALUE	AMOUNT
						RETAINAGE			
							THIS ESTIMATE	PERCENT	RETAINED
								%	
						WORK COMPLETED:			
						STORED MATERIALS:			
						OTHER <i>(explain)</i>			
	TOTALS					TOTAL			

\* As a minimum, detailed breakdowns should contain this information.