

Form RD 1924-18  
(Rev. 6-97)

UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL DEVELOPMENT  
FARM SERVICE AGENCY

**PARTIAL PAYMENT ESTIMATE**

CONTRACT NO. \_\_\_\_\_

PARTIAL PAYMENT ESTIMATE NO. \_\_\_\_\_

PAGE \_\_\_\_\_

OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

PERIOD OF ESTIMATE

FROM \_\_\_\_\_ TO \_\_\_\_\_

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

Yes

No

Starting Date \_\_\_\_\_

Projected Completion \_\_\_\_\_

CONTRACTOR'S CERTIFICATION:

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.

Contractor \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

APPROVED BY OWNER:

Owner \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

ARCHITECT OR ENGINEER'S CERTIFICATION:

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.

Architect or Engineer \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_

ACCEPTED BY AGENCY:

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.

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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 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.