Form RD 1924-	-18 UN	UNITED STATES DEPARTMENT OF AGRICU			URE		CONTRACT NO.				
(Rev. 6-97) RURAL DEVELOR FARM SERVICE A				AGENCY			PARTIAL PAYMENT ESTIMATE NO.				
	ESTIMATE F			PAGE							
OWNER: CONTRAC				ACTOR:			_	PERIOD OF ESTIMATE			
								FROM	то		
Co	ONTRACT CHANGE O	ORDER SUMMA	RY				ES	STIMATE			
No.	Agency Approval		Amount		1. Oria	inal Cont	tract				
NO.	Date Additions			Deductions	2. Change Orders						
					3. Revi	sed Con	tract (1 + 2)				
					4. Work Completed*						
					6. Subtotal (4 + 5)						
					7 Pote	inago*					
						-					
TOTALS					* Detailed breakdown attached						
NET C	CHANGE										
				CONTRACT TI	ME						
Original (days)											
Revised On Sch			edule	Yes	Start	ting Date					
Remaining				No		ected Complet					
CONTRACTORIS	CERTIFICATION.				ARCHITE	CT OR F	NGINEER'S C	ERTIFICATION			
The under knowledge payment the contract the contract was issue.	CERTIFICATION: ersigned Contractor cer ge, information and bell estimate has been cor act documents, that all actor for work for which ed and payments recei ayment shown herein i	ief the work cove mpleted in accord amounts have b n previous payme ived from the owr	red by this dance with een paid by ent estimates		T in q	he under spected uantities	rsigned certit and to the b shown in thi	fies that the wo est of their kno s estimate are	ork has been carefully wledge and belief, the correct and the work has he contract documents.		
					Architect	or Engine	er				
Contractor				-							
				Ву _							
Ву			-	Date							
Date				-							
APPROVED BY OWNER:					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.						
Owner				-	Ву						
By											
Date				_	Date						

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 and 0575-0189, which expire 3/31/2026. 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 information. All responses to this collection of information are voluntary. Any questions on this burden can be sent to ICRMTRequests@usda.gov.

TYPICAL UNIT PRICE BREAKDOWN *

			CONTRACT (revised)			THIS PERIOD			TOTAL TO DATE			%
ITEM DESCRIPTION		QUANTITY	UNIT PRICE	AMOUNT	QUA	ANTITY	AMOUNT	QUANTITY		AMOUNT		COM- PLETE
				_					_			
	TOTALS											
	TYPICAL	TYPICAL STORED MATERIALS AND RETAINAGE BREAKDOWN *										
			WORK COMPLETED		% COM-	MATERIALS STORED AT END OF THIS PAYMENT PERIOD						
ITEM	DESCRIPTION	SCHEDULED VALUE	THIS PERIOD	TO DATE	COM- PLETE		DESCRIPTION	QUANTITY UNIT VALUE			AMOUNT	
								1	RETAINAGE			
						WORK COMPLETED:		THIS EST	IMATE	PERCENT %	RETA	INED
						STORE	ED MATERIALS:					
						OTHER	R (explain)]		
	TOTALS					OTTIEF	TOTAL					
		11.44i 41.i i										

^{*} As a minimum, detailed breakdowns should contain this information.