FORM APPROVED
OMB NO. 0575-0042

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

No.	Agency Approval Date	Amount	
		Additions	Deductions
TOTALS		$0.00	$0.00
NET CHANGE		$0.00	$0.00

ESTIMATE

1. Original Contract .....
2. Change Orders $0.00
3. Revised Contract (1 + 2) $0.00
4. Work Completed* .....
5. Stored Materials* .....
6. Subtotal (4 + 5) $0.00
7. Retainage* .....
8. Previous Payments .....
9. Amount Due (6-7-8) $0.00

** Detailed breakdown attached*

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. 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 *(revised)*			THIS PERIOD		TOTAL TO DATE		% COM-PLETE
		QUANTITY	UNIT PRICE	AMOUNT	QUANTITY	AMOUNT	QUANTITY	AMOUNT	
				$0.00		$0.00		$0.00	0
				$0.00		$0.00			0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
				$0.00		$0.00		$0.00	0
	TOTALS			$0.00		$0.00		$0.00	0

TYPICAL LUMP SUM PRICE BREAKDOWN *

ITEM	DESCRIPTION	SCHEDULED VALUE	WORK COMPLETED		% COM-PLETE
			THIS PERIOD	TO DATE	
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
	TOTALS	$0.00	$0.00	$0.00	0

TYPICAL STORED MATERIALS AND RETAINAGE BREAKDOWN *

MATERIALS STORED AT END OF THIS PAYMENT PERIOD			
DESCRIPTION	QUANTITY	UNIT VALUE	AMOUNT
			$0.00
			$0.00
			$0.00
			$0.00

RETAINAGE			
	THIS ESTIMATE	PERCENT	RETAINED
WORK COMPLETED:		%	
STORED MATERIALS:			
OTHER (explain)			
TOTAL			$0.00

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