

COMPANY NAME
 ADDRESS
 CITY STATE ZIP

TAD Project No.: _____ TAD Contract No. _____

Invoice Number: _____

Period From: _____ To: _____ County: _____ To Be Completed: _____

Time Computed from: _____ Work Started _____ Contract % Completed: _____

Working Days, Current: _____ Previous: _____ Total to Date: _____ Time Limit: _____ days % Consumed: _____

Total Contract Amount: \$ _____ Revised Contract Amount: \$ _____ Revision: _____ Approved: _____

Item No.	Items Description	Unit	Plans Quantities	Quantities			Unit Price	Total Amount	% Total
				Current	Previous	Total			
	Schedule I								
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I hereby certify that the quantities and amounts herein shown are correct, and that the work has been performed and materials used in accordance with the plans and specifications heretofore approved for this project.

 Contractor's Signature

 Date

 Inspector's Signature

 Date

 Engineer's Signature

 Date

 TAD Project Manager's Signature

 Date

Total Estimate to Date		
Less 10% Retained		
Balance No.1		
Previous Payments		
Balance No. 2		
Deductions		
Amt. due this Estimate		