

Project No. \_\_\_\_\_

Pay Estimate No.: \_\_\_\_\_

## CHANGE ORDERS

C.O. NO.	DESCRIPTION	(1) INCREASE	(2) DECREASE	(3) AMOUNT DUE FOR COMPLETED ITEMS	% COMPLETE
<b>TOTALS:</b>					

**Adjusted Contract Amount to Date**  
 (Total Col.5, Sheet 1, plus 1 and less 2 above) \_\_\_\_\_

### Analysis of Work Performed

- a. Total Work completed to date (Col. 7) \_\_\_\_\_
- b. Material Stored on Site \_\_\_\_\_
- c. Change Orders Performed (3 minus 2 above) \_\_\_\_\_
- d. Subtotal \_\_\_\_\_
- e. Less Previous Payments \_\_\_\_\_
- f. Amount Payable this estimate \_\_\_\_\_

### CERTIFICATION OF CONTRACTOR

I certify that all items and amounts are in accordance with the contract requirements and that the undersigned have complied with the labor provisions of said contract, or that there is an honest dispute with respect to the provisions.

**CONTRACTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(For State use only)

**Encumbrance #** \_\_\_\_\_ **PAY THIS AMOUNT:\$** \_\_\_\_\_

REVIEWED AND APPROVED FOR PAYMENT BY:

Resident Engineer \_\_\_\_\_ DATE: \_\_\_\_\_

Project Manager \_\_\_\_\_ DATE: \_\_\_\_\_

Facilities Chief \_\_\_\_\_ DATE: \_\_\_\_\_

