



**STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES
FINAL ESTIMATE REVIEW REPORT**

REGION

Project Numbers _____ Contractor _____

Project Name: _____

Description of Work _____

Required Project Completion Date _____ / _____ Calendar Days

Actual Project Completion Date _____ / _____ Calendar Days

Project Manager _____ Project Engineer _____

Final Acceptance Date _____

Days Overrun _____ Liquidated Damages Assessed _____

Final Amount _____ Bid Amount _____

Materials Certification Date _____ Federal Document Date _____

Dept. of Labor Title 36 Clearance Date _____ Right of Way Clearance Date _____

Dept. of Labor Tax Clearance Date _____ Dept. of Revenue Clearance Date _____

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CLASSIFICATION OF COSTS --FINAL PROJECT AMOUNTS

Participating

Non-Participating

Liquidated Damages

Reimbursable

Total

Remarks _____

I certify that my review of this project, in accordance with State policy, indicates that all work has been completed within the terms of the contract and authorized change documents; and it also indicates that State and Federal Aid funds have been properly classified unless other wise noted above.

Signature of Reviewer

Date Submitted