

COMPANY NAME
ADDRESS
CITY, STATE ZIP
PROJECT DESCRIPTION

TAD Project No.: _____ TAD Contract No.: _____ Fiscal Year: _____
 Invoice Number: _____
 Period From: _____ Period To: _____ County: _____ To Be Completed: _____
 Time Computed From: _____ Contract % Completed: _____
 Working Days, Current: _____ Total to Date: _____ Time Limit: _____ % Consumed: _____
 Total Contract Amount: \$ _____ - Revision 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.

Total Estimate to Date:	
Previous Payments:	
Balance No. 1	
Deductions:	
Amt. due this Estimate:	

Contractor's Signature Date

Inspector's Signature Date

Engineer's Signature Date