COMPANY NAME **ADDRESS** CITY, STATE ZIP

PROJECT DESCRIPTION TAD Project No.: TAD Contract No.: TN FY for Service Dates: Invoice Number: Period From: Period To: County: To Be Completed: Time Computed From: Contract % Completed: #DIV/0! % Consumed: #DIV/0! Working Days, Current: Total to Date: 0 0 Time Limit (Days): Total Contract Amount: \$ **Revision Contract Amount:** Revision: Date Approved: Items Unit **Plans** Quantities Unit Total % No. Description Quantities Current **Previous** Total Price Amount Total Schedule I 0.00 0.00 0.00 0.00 \$0.00 \$0.00 | #DIV/0! 0.00 0.00 0.00 0.00 \$0.00 #DIV/0! 2 \$0.00 0.00 #DIV/0 3 0.00 0.00 0.00 \$0.00 \$0.00 4 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 0.00 0.00 0.00 0.00 \$0.00 #DIV/0 \$0.00 5 6 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 7 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 0.00 0.00 0.00 0.00 #DIV/0! \$0.00 \$0.00 8 #DIV/0 0.00 0.00 0.00 0.00 \$0.00 \$0.00 9 10 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0! 11 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 12 13 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0! 14 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 15 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 16 0.00 0.00 0.00 #DIV/0! 17 0.00 \$0.00 \$0.00 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 18 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 19 20 0.00 0.00 0.000.00 \$0.00 \$0.00 #DIV/0! 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 21 22 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 0.00 0.00 #DIV/0! 23 0.00 0.00 \$0.00 \$0.00 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 24 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 25 0.00 0.00 0.000.00 \$0.00 \$0.00 #DIV/0! 26 0.00 0.00 0.00 0.00 \$0.00 #DIV/0 27 \$0.00 #DIV/0 28 0.00 0.00 0.00 0.00 \$0.00 \$0.00 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0! 29 30 0.00 0.00 0.00 0.00 \$0.00 \$0.00 #DIV/0 \$0.00 Total Current Amount: \$0.00 #DIV/0! I hereby certify that the quantities and amounts herein shown are correct, Total Estimate to Date: \$0.00 and that the work has been performed and materials used in accordance Previous Payments: with the plans and specifications heretofore approved for this project. \$0.00 Balance No. 1: \$0.00 Deductions: \$0.00 Amt. due this Estimate: Contractor's Signature Date Inspector's Signature Date Engineer's Signature Date

Revised June 29th, 2016 Pay Form C2