Project No.

CHANGE ORDERS

		(1)	(2)		0/				
C.O. NO.	DESCRIPTION	INCREASE	DECREASE	AMOUNT DUE FOR COMPLETED ITEMS	% COMPLETE				
			DEGREADE						
	TOTALS:								
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:

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STATE OF ALASKA Department of Transportation and Public Facilities					PERIODIC ESTIMATE FOR PARTIAL PAYMENT				
Name of Project:					Name of Contractor:				
Project No.:									
Periodic Estimate No.: for Period					191919				
		tries mus s is to be r Paymer): Show a ne differe	at be limited t shown on s nts. all work comp nce between atio of column	to work and cost heet 2.). Line ite pleted to date un columns (5) and	s under t ems and der origir d (7). 5).	he original c values must nal contract.	ontract only, (Work and match approved Sched		
Item No.	Description of item	Quantity	CONTRACT Cost per Unit	Total Cost of Item	COMPL Quantity	ETE TO DATE Total Cost	Cost of Uncompleted Work	% Completed	
	Totals:								

Form 25D-102