

Form RD 1924-18 (Rev. 6-97)		UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY		FORM APPROVED OMB NO. 0575-0042	
PARTIAL PAYMENT ESTIMATE				CONTRACT NO. _____	
				PARTIAL PAYMENT ESTIMATE NO. _____	
				PAGE _____ OF _____	
OWNER: _____		CONTRACTOR: _____		PERIOD OF ESTIMATE FROM _____ TO _____	
CONTRACT CHANGE ORDER SUMMARY			ESTIMATE		
No.	Agency Approval Date	Amount			
		Additions	Deductions		
				1. Original Contract	_____
				2. Change Orders	_____
				3. Revised Contract (1 + 2)	_____
				4. Work Completed*	_____
				5. Stored Materials*	_____
				6. Subtotal (4 + 5)	_____
				7. Retainage*	_____
				8. Previous Payments	_____
				9. Amount Due (6-7-8)	_____
TOTALS				* Detailed breakdown attached	
NET CHANGE					
CONTRACT TIME					
Original (days) _____		On Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Date _____	
Revised _____				Projected Completion _____	
Remaining _____					
CONTRACTOR'S CERTIFICATION: The undersigned Contractor certifies that to the best of their knowledge, information and belief the work covered by this payment estimate has been completed in accordance with the contract documents, that all amounts have been paid by the contractor for work for which previous payment estimates was issued and payments received from the owner, and that current payment shown herein is now due.			ARCHITECT OR ENGINEER'S CERTIFICATION: The undersigned certifies that the work has been carefully inspected and to the best of their knowledge and belief, the quantities shown in this estimate are correct and the work has been performed in accordance with the contract documents.		
Contractor _____			Architect or Engineer _____		
By _____			By _____		
Date _____			Date _____		
APPROVED BY OWNER:			ACCEPTED BY AGENCY: The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents.		
Owner _____			By _____		
By _____			Title _____		
Date _____			Date _____		
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.					

Used by Contractor to request partial payment on construction work completed. Submitted to loan approval official for disbursement.

(see reverse)

- PROCEDURE FOR PREPARATION : RD Instruction 1924-A.
- PREPARED BY : Contractor.
- NUMBER OF COPIES : Original and three, plus additional copies as appropriate.
- SIGNATURES REQUIRED : Original and all copies will be signed by: Contractor; Architect/Engineer; Borrower representative; Agency representative; other funding agency representative as appropriate.
- DISTRIBUTION OF COPIES : Original to Borrower; copy to District or County Office file; copy to Architect/Engineer; copy to Contractor; copies to State Office and other funding agencies as appropriate.

REVERSE OF FORM RD 1924-18

TYPICAL UNIT PRICE BREAKDOWN *									
ITEM	DESCRIPTION	CONTRACT <i>(revised)</i>			THIS PERIOD		TOTAL TO DATE		% COM- PLETE
		QUANTITY	UNIT PRICE	AMOUNT	QUANTITY	AMOUNT	QUANTITY	AMOUNT	
			\$	\$		\$		\$	
TYPICAL LUMP SUM PRICE BREAKDOWN *					TYPICAL STORED MATERIALS AND RETAINAGE BREAKDOWN *				
ITEM	DESCRIPTION	SCHEDULED VALUE	WORK COMPLETED		% COM- PLETE	MATERIALS STORED AT END OF THIS PAYMENT PERIOD			
			THIS PERIOD	TO DATE		DESCRIPTION	QUANTITY	UNIT VALUE	AMOUNT
		\$	\$	\$			\$	\$	
						RETAINAGE			
						THIS ESTIMATE	PERCENT	RETAINED	
WORK COMPLETED:						\$	%	\$	
STORED MATERIALS:									
OTHER <i>(explain)</i>									
TOTALS						TOTAL			

* As a minimum, detailed breakdowns should contain this information.

RD 1924-18
REVERSE