

**Instructions: Enter data into shaded cells below.  
Entries are linked to page one and two of the pay estimate.**

Date:	<input type="text" value="enter date here"/>
Contractor Name:	<input type="text" value="enter contractor Name"/>
Contractor Address:	<input type="text" value="enter contractor street address"/>
	<input type="text" value="enter contractor City, State and Zip"/>
Contract Number:	<input type="text" value="enter contract number here"/>
Federal Aid Number:	<input type="text" value="enter federal aid number here"/>
Description of Work:	<input type="text" value="enter description of work"/>
Estimate Number:	<input type="text" value="enter number here"/>
Period Covered by This Pay Estimate:	<input type="text" value="enter dates here"/>
Contract Completion Date:	<input type="text" value="month day, year"/>

Date: enter date here

Contractor Name: enter contractor Name  
Contractor Address: enter contractor street address  
enter contractor City, State and Zip  
Description of Work: enter description of work  
Period Covered this Pay Estimate: enter dates here

City of Bellingham  
Parks and Recreation Department  
**PARTIAL PAY ESTIMATE - CONTRACT PERFORMANCE**  
Federal Aid No. enter federal aid number here  
Contract No. enter contract number here

Page 1 of 2  
Location: Bellingham, WA  
enter number here

Schedule	Original Contract Amount	Previous Earnings	Amount This Estimate	Total Amount Earned
Base Bid, Taxable	\$0.00	\$0.00	\$0.00	\$0.00
Change Orders, Taxable		\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00

Original Contract Amount:	_____	Total Earnings To Date (No Sales Tax Included)	_____	\$0.00
Sales Tax 9.0%	_____	5% Retained This Estimate	0%	_____
Total Original Contract Amount	_____	Total Retained Amount to date		\$0.00
Revised Contract Amount:	_____	Sales Tax This Estimate	9.00%	_____
Change Order Amount (taxable):	_____	Total Sales Tax to date		\$0.00
Change Order Tax	_____	Previous Payments		\$0.00
Total Revised Contract Amount:	_____	Liquidated Damages		\$0.00
Original Contract Completion Date:	month day, year	Total Deductions		_____
Revised Completion Date:	N/A	<b>SUBTOTAL AMOUNT DUE CONTRACTOR</b>		<b>\$0.00</b>

**CONTRACTOR'S CERTIFICATION**

I certify that I have checked the quantities covered by the estimate; that the work was actually performed; that the quantities are correct and that the quantities and amounts are apparently consistent with the requirements of the contract. The amount included for payment this period is full and final payment for all work included herein. By my signature, I certify I am a true representative of Contractor noted above and that Prevailing Wage rates have been paid by the Contractor noted above in accordance with RCW 39.12 and the previously filed "Statement of Intent to Pay Prevailing Wages" on file with the Washington State Department of Labor and Industries for the period of this payment request. If any listed, subcontractors as of this date are also required to pay Prevailing Wages.

SUBCONTRACTORS: None

City's  
Project Manager

Date:

Contractor's  
Representative

Date:

