

Commissioner of Public Works  
 730 Washington Avenue Room 304  
 Racine, WI 53403

Partial Payment No. \_\_\_\_\_  
 Period from \_\_\_\_\_ to \_\_\_\_\_

Description of Work and/or Materials Stored on Site	Quantity	Unit Cost	Total Cost	Quantity	COMPLETE TO DATE	
					% Complete	Total Cost
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
TOTAL CONTRACT AMOUNT			\$ -			

According to the best of my knowledge and belief, I certify that the work covered by this Detailed Estimate has been completed in accordance with the Contract Documents, and that the current payment shown herein is due. I further certify that all claims outstanding as of this date against the undersigned as Contractor for labor, materials, and expendable equipment employed in the performance of said contract up to this date have been paid in full in accordance with the requirements of said contract.

Contractor \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

(Signature of Officer, Partner, or Owner)