Form SACP # 3-A-2

Rev. 07/25/2023

ALABAMA DEPARTMENT OF TRANSPORTATION

_____ of _____

Governing Board — County

ESTIMATE OF WORK PERFORMED AND EXPENDITURES

Location: _____ Project Number: _____

For Period as Listed From: _____ to _____ Estimate No.: _____

Invoice Date: _____ Invoice No.: _____

Description of Work	Unit	Unit Price	This Month Quantity	This Month Amount		To Date Quantity	To Date Amount	
Total Construction Cost								
Less % Retainage								
Sub Total								
Plus Eng. & Insp.	Previous	Current	To Date					
Preliminary Engineering								
Construction Engineering								
Total Eng. & Insp.								
Total Construction & Engineering Cost								
Less Previous Payment(s)								
Less Deduction(s)								
Net Amount of Current Participation								
Amount Claimed (% Current Cost)								

I certify this estimate to be correct, due and unpaid.

We hereby accept this estimate as being correct, due and umpaid.

_____

Authorized City or County Official

Approved: _____

Region Engineer or Area Operations Engineer

STATE OF ALABAMA County of _____

Sworn and Subscribed to before me this _____ day of _____ 20

Final Estimate Only

Approved: _____

Chief, Bureau of Local Transportation

_____

Notary Public