

LEE COUNTY CONSTRUCTION CONTRACT

ESTIMATE AND REQUISITION FOR PAYMENT

Bid No.: _____
 Contract No.: _____
 Estimate No.: _____
 Project No.: _____
 Requisition Date: _____
 Period From: _____
 To: _____

Project Name: _____

* If additional space is required, please use supplemental sheet and bring totals forward to top line.

A ITEM NO.	B DESCRIPTION OF WORK UNIT UNIT PRICE			C TOTAL SCHEDULE VALUE ESIMATED QUANTITY VALUE		D		E		F	
						WORK COMPLETED		TOTAL COMPLETED TO DATE (D+E)			
						PREVIOUS REQUISITION(S)		THIS REQUISITION WORK-IN-PLACE			
						QUANTITY COMPLETE	VALUE	QUANTITY COMPLETE	VALUE	QUANTITY COMPLETE	VALUE
* BROUGHT FORWARD											
TOTALS											