

PROJECT PAY FORM

PARTIAL PAY ESTIMATE NO. <u>2 (FINAL)</u>	FOCUS ENGINEERING, inc.
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2012 RAIN GARDEN PROJECT	PERIOD OF ESTIMATE FROM <u>11/20/2012</u> TO <u>10/31/2013</u>
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PROJECT OWNER: CITY OF LAKE ELMO 3800 LAVERNE AVENUE NORTH LAKE ELMO, MN 55042 ATTN: JACK GRIFFIN, P.E., CITY ENGINEER	CONTRACTOR: ST. CROIX VALLEY LANDSCAPING 389 280TH STREET OSCEOLA, WI 54020
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CONTRACT CHANGE ORDER SUMMARY				PAY ESTIMATE SUMMARY	
No.	Approval Date	Amount			
		Additions	Deductions		
1	11/20/2012	\$1,341.13		1. Original Contract Amount	\$46,501.16
				2. Net Change Order Sum	\$1,341.13
				3. Revised Contract (1+2)	\$47,842.29
				4. *Work Completed	\$45,901.29
				5. *Stored Materials	\$0.00
				6. Subtotal (4+5)	\$45,901.29
				7. Retainage* <u>0.0%</u>	\$0.00
				8. Previous Payments	\$42,341.29
				9. Amount Due (6-7-8)	\$3,560.00
TOTALS		\$1,341.13	\$0.00		
NET CHANGE		\$1,341.13			

**Detailed Breakdown Attached*

CONTRACT TIME					
START DATE:	<u>9/17/2012</u>	ORIGINAL DAYS	<u>44</u>	ON SCHEDULE	
SUBSTANTIAL COMPLETION:	<u>10/31/2012</u>	REVISED DAYS	<u>0</u>	YES	<input checked="" type="checkbox"/>
FINAL COMPLETION:	<u>10/31/2013</u>	REMAINING	<u>0</u>	NO	<input type="checkbox"/>

ENGINEER'S CERTIFICATION: The undersigned certifies that the work has been reviewed 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.	FOCUS Engineering, inc. _____ ENGINEER _____ DATE <u>12/30/13</u>
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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.	CONTRACTOR _____ BY _____ DATE
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APPROVED BY OWNER: CITY OF LAKE ELMO, MINNESOTA _____ BY _____ DATE	_____ BY _____ DATE
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