KYTC Contract Number	B	Funding	Federal No.	State No.	Item No.	Estimate No.
A						

Consultant Name and Address	D	Invoice Date	E	Effective Date of Notice to Begin Work Work May Not Begin Before This Date
C				

F	County/Route/Mile Point	G	For Work Done	
				Through

Description of Work	Method of Fee	Total Contract Amount	Total % Prev. Est.	% This Est.	Total % to Date	Previous Earnings	Earnings This Estimate	Total Earnings to Date
								-
								-
								-
								-
								-
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								-
						H	I	-
	Page 1	0.00				0.00	**0.00**	0.00
	Page 2	-				-	-	-
	Totals	-				0.00	**0.00**	0.00

Miscellaneous Information

Total Earnings to Date	0.00
Less Previous Earnings	0.00
Total This Estimate	**0.00**

I certify the amounts in this estimate are accurate.

K

Consultant Signature

KYTC Project Manager

DBE Portion of Estimate

J