Form 830301
10-15

IOWA DOT
SMARTER I SIMPLER I CUSTOMER DRIVEN

Audit of Final Pay Estimate

Project Engineer _____ County _____
Residency _____ Letting Date _____
Contractor _____ Contract ID _____
Accounting ID(s) _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____
Project Number(s) _____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Pay quantities on this contract are satisfactorily documented, except as stated below

Item Description	Audit Remarks	Project Engineer Use Only*

*Indicate item and date when corrective action is taken

Recommendations or Comments

Deficiencies found during the audit are identified above.

The Audit was conducted by _____ on _____
(District Auditor) (Date)

The auditor's comments have been reviewed and corrections taken as noted above.

Signature _____ _____
(Project Engineer) (Date)

Distribution: Original – Project Engineer; Copies – District, Finance *(with final estimate)*, Auditor