

**COLORADO DEPARTMENT OF TRANSPORTATION
INSPECTOR'S REPORT FOR FORCE ACCOUNT WORK**

Project No.:

Project Code (SA#):

CMO or F/A No.:

Contractor's Name:

Subcontractor's Name:

Description of Work:

LABOR Employee Name	Date:	/ /		/ /		/ /		/ /		/ /		Total Hours	
	Occupation	Hours										ST	OT
		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT		

The hours shown here were checked against the certified payrolls.

Checked By:

Date:
/ /

EQUIPMENT Code No.	Shift		Rate	Hours								Total Hours	
	1 st	SB											

MATERIAL Type	Unit	Number of Units						Total Units
Note: A Certified Invoice for Materials is required as part of billing.								

Contractor/Subcontractor Initials / / / / /

Billing procedures shall conform to applicable project specifications.

I certify that this is a correct record of employee & equipment hours and material units on the above project as authorized by the above modification order or agreement.

Signed:

Title:

Project File
Contractor

Previous editions may be used until supplies exhausted