

**CITY OF AUBURN
DAILY REPORT OF FORCE ACCOUNT WORKED**



PRIME CONTRACTOR	PROJECT NO.	DATE
PROJECT NAME		
DESCRIPTION OF WORK		

EMPLOYEE NAME	OCCUPATION	REG	OT	TOTAL HRS

EQUIPMENT MAKE/MODEL	EQUIP#	REG	STANDBY	TOTAL HRS

MATERIALS	UNIT	QTY

SUB-CONTRACTORS (NAME/DESCRIPTION OF WORK)	UNIT	QTY

Contractor check one of the following:

- Contractor requests payment for this work per payment Item No(s). _____.
- There is no applicable payment item in the contract for this work; Contractor requests compensation for the following reason(s): _____

CONTRACTOR'S REPRESENTATIVE **DATE**

City Inspector check one of the following:

- Inspector confirms Contractor's listed equipment, labor and materials.*
- Inspector disagrees with Contractor's listed equipment, labor and materials.*

* Compensation subject to Engineer approval. Signature from inspector on this form does not indicate Engineer approval.

CITY INSPECTOR **DATE**