

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



<b>PRIME CONTRACTOR</b>	<b>PROJECT NO.</b>	<b>DATE</b>
<b>PROJECT NAME</b>		

<b>DESCRIPTION OF WORK</b>
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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 rejects force account sheet. \_\_\_\_\_.

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

\_\_\_\_\_

**CITY INSPECTOR** **DATE** **CITY PROJECT MANAGER INITIAL** **DATE**

WHITE COPY TO CITY INSPECTOR

YELLOW COPY TO CONTRACTOR