** 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **MATERIALS** | **UNIT** | **QTY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EQUPMENT MAKE/MODEL** | **EQUIP#** | **REG** | **STANDBY** | **TOTAL HRS** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **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 REPRESENATIVE** | **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** |