

## STATE TRUNKLINE MAINTENANCE PAYROLL REPORT

*Information required by At 17 of 1925,*

*Failure to supply this information would result in non-payment for services*

**INSTRUCTIONS:** Complete and return to appropriate Michigan Department of Transportation Region/TSC Office

MUNICIPALITY or COUNTY ROAD COMMISSION			ROUTE SEC. NO.		TIME PERIOD to _____		
DATE	NAME or EMPLOYEE NUMBER	CLASSIFICATION	ACTIVITY CODE	O.T. HOURS	REG HOURS	RATE PER HOUR	TOTAL AMOUNT

**TOTAL THIS PAGE**

