Clear Form

FILE 109

Michigan Department of Transportation 1101A (10/00)

FORCE ACCOUNT - DAILY FIELD RECORD

SHEET _____ OF _____

CONTRACTOR			CONTROL SECTION ID	
STREET ADDRESS			JOB NO.	
CITY	STATE	ZIP	FEDERAL NO.	ROUTE
WORK PERFORMED BY (Subcontractor):			WORK ORDER NO.	AUTH. NO.
STREET ADDRESS			WORK AUTH. BY	
CITY	STATE	ZIP	DATE WORK PERFORMED	TYPE OF WORK

NAME OF EMPLOYEE	CLASS OF WORK	REGULAR HOURS	OVERTIME HOURS	DESCRIPTION OF DUTIES

EQUIPMENT			MATERIALS (Attach Test Slips)	
Equipment description in accordance with Blue Book identification. (indicate idled time)	Rated Capacity	Hours Worked	Materials Used	Amount Used

Brief description of activities and remarks:

The labor, materials and equipment used this date on the specified work operations are correct.

CONTRACTOR		MICHIGAN DEPARTMENT OF TRANSPORTATION	
SIGNATURE	DATE	PREPARED BY	DATE