

**COLORADO DEPARTMENT OF TRANSPORTATION
INSPECTOR'S REPORT FOR FORCE ACCOUNT WORK**

Project No.:
Project Code (SA#):
CMO or F/A No.:

Contractor's Name: _____

Subcontractor's Name: _____

Description of Work: _____

LABOR Employee Name	Occupation	Date:		Hours										Total Hours			
		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT		

The hours shown here were checked against the certified payrolls. Checked By: _____ Date: _____

EQUIPMENT Code No.	Shift		Date:		Number of Hours										Total Hours		
	1 st	SB	Rate		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	

MATERIAL Type	Date:		Number of Units										Total Units				
	Unit		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT			

Contractor/Subcontractor Initials: _____ / _____ / _____ / _____ / _____

Billing procedures shall conform to applicable project specifications.

I certify that this is a correct record of employee & equipment hours and material units on the above project as authorized by the above modification order or agreement.

Signed: _____ Title: _____ Date: _____