CITY OF DETROIT
CITY ENGINEERING DEPARTMENT

C of D—53-SH

SUBJECT INDIVIDUAL LOCATION COST DETAIL
DETAIL 191 ASHLAND STREET
FLOOD CONTROL
DATE MAY 16, 1986

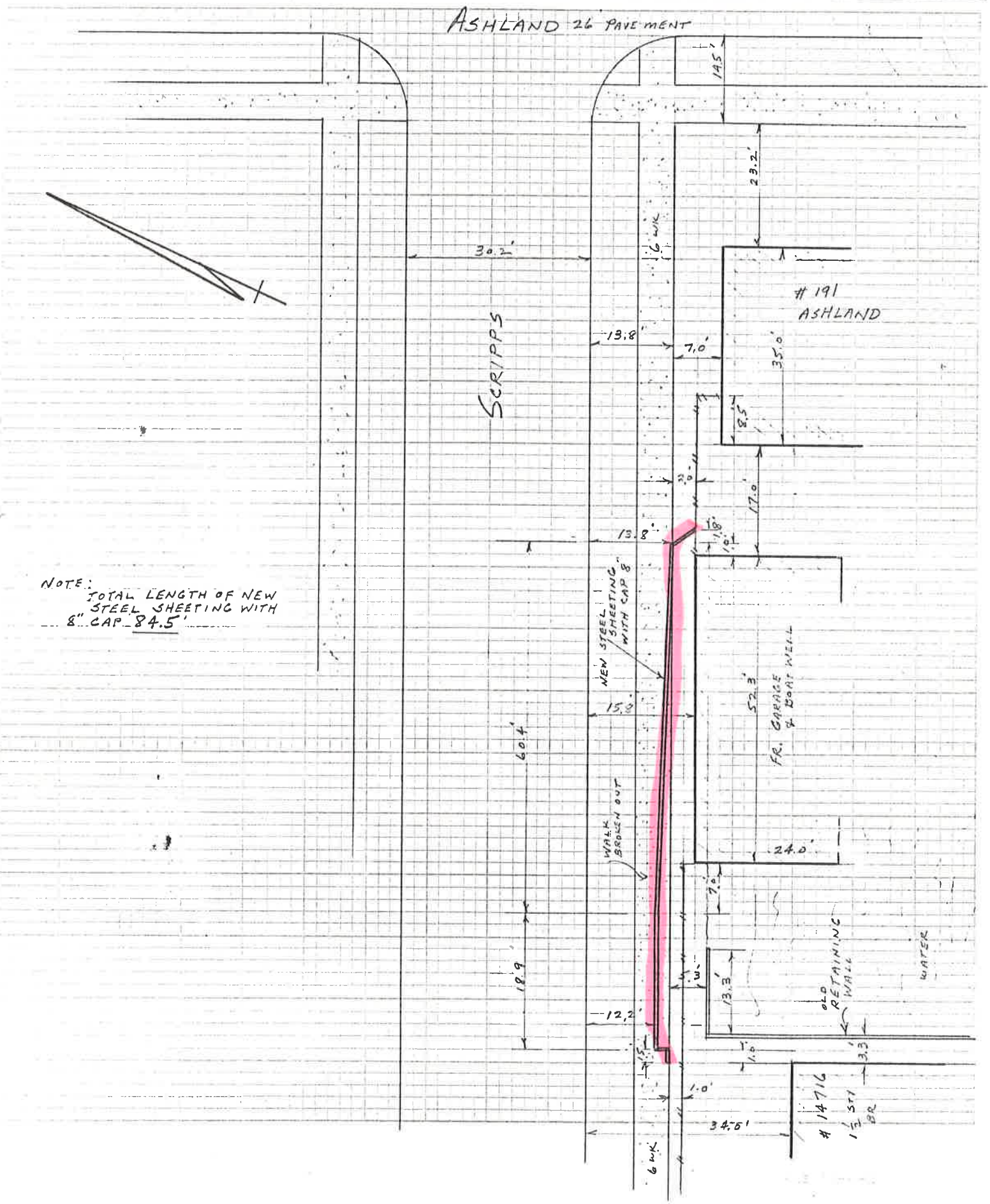
JOB NO. 86-22-28
SHEET NO. OF SHEETS
MADE BY W. RANKIN
CHECKED BY

LABOR	8,616.58
EQUIPMENT	8,496.66
MATERIAL	2,761.95
JOBSITE DIRECT COST	585.26
INDIRECT JOBSITE COST	958.94
GENERAL LIABILITY INSURANCE	1,581.53
PLUS- 10% OVERHEAD	2,300.09
PLUS- 15% PROFIT	3,795.15
PLUS- 1% BOND	290.96
TOTAL- TO DATE	$29,387.12

86-22-28
STEEL SHEETING LOCATION
191 ASHLAND
4/25/86
J. DREWS RC

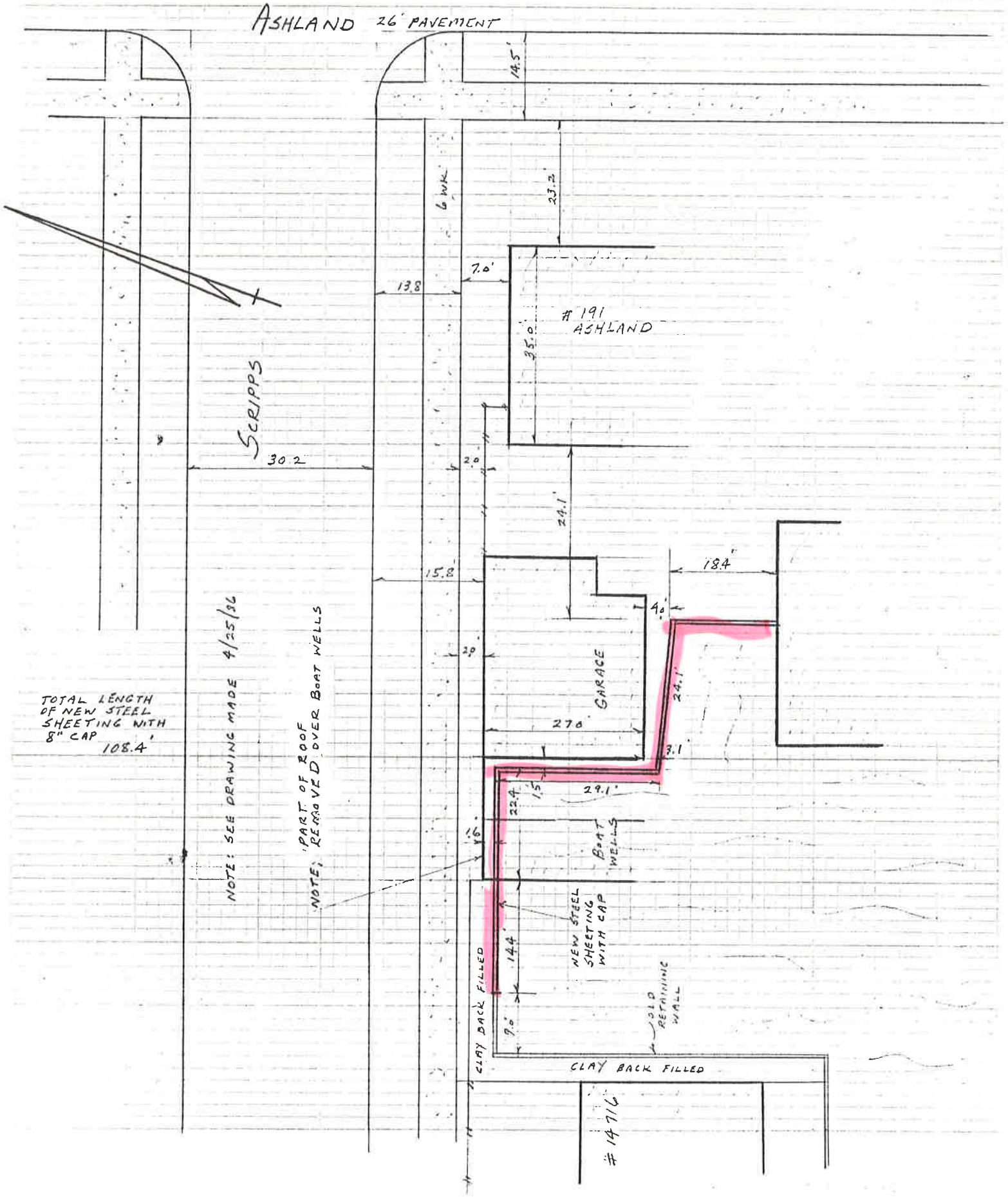
Form 220
(Rev. 5 70)

Issue, Section Identification _____ Job Number _____ Page _____



NOTE:
TOTAL LENGTH OF NEW STEEL SHEETING WITH 8" CAP 84.5'

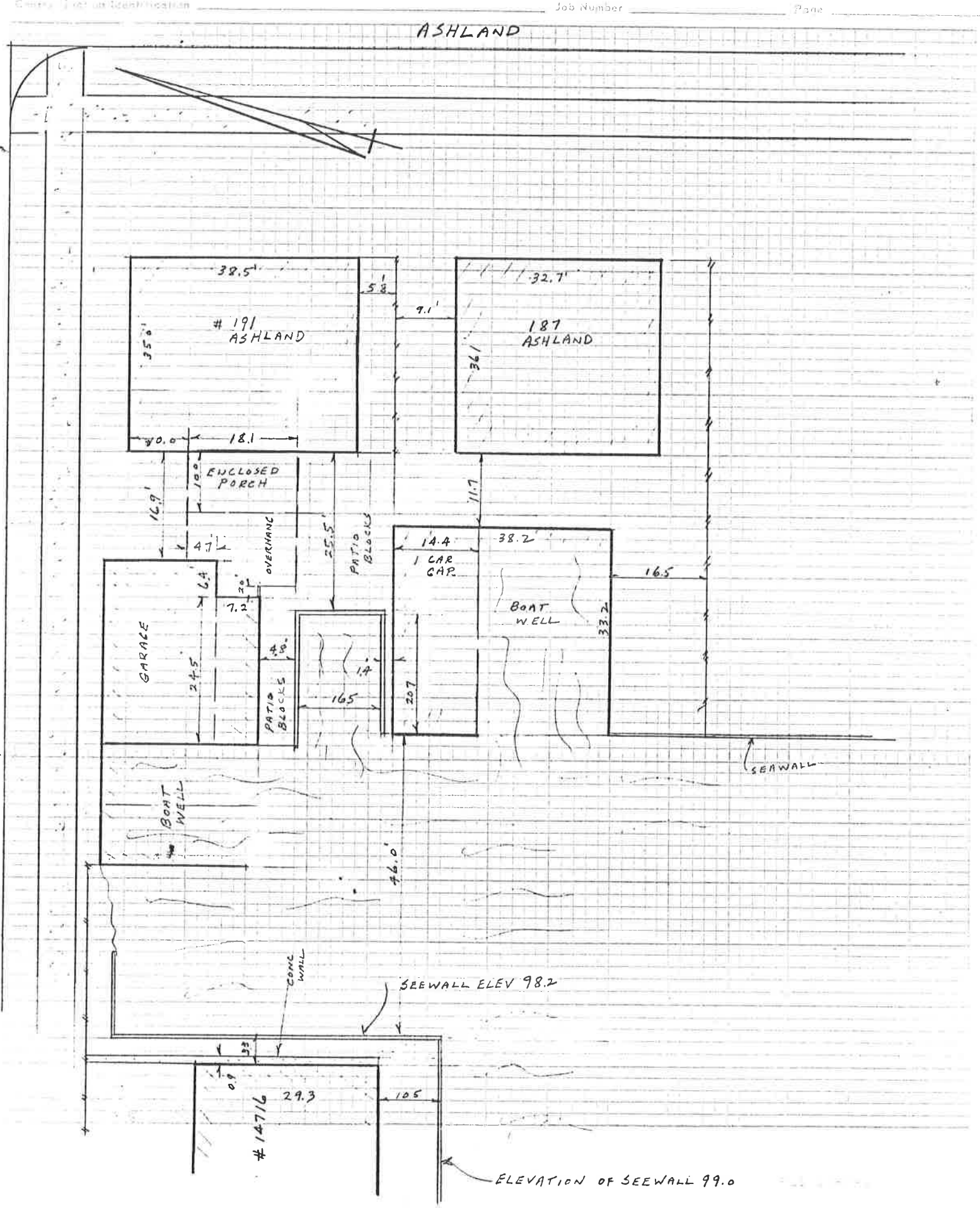
86-22-28
STEEL SHEETING LOCATION
191 ASHLAND
8/6/86
J. DREWS P.C.



SURVEY OF # 191 + 187 ASHLAND

Form 220
(Rev. 3 70)

Client, Lot or Identification _____ Job Number _____ Page _____



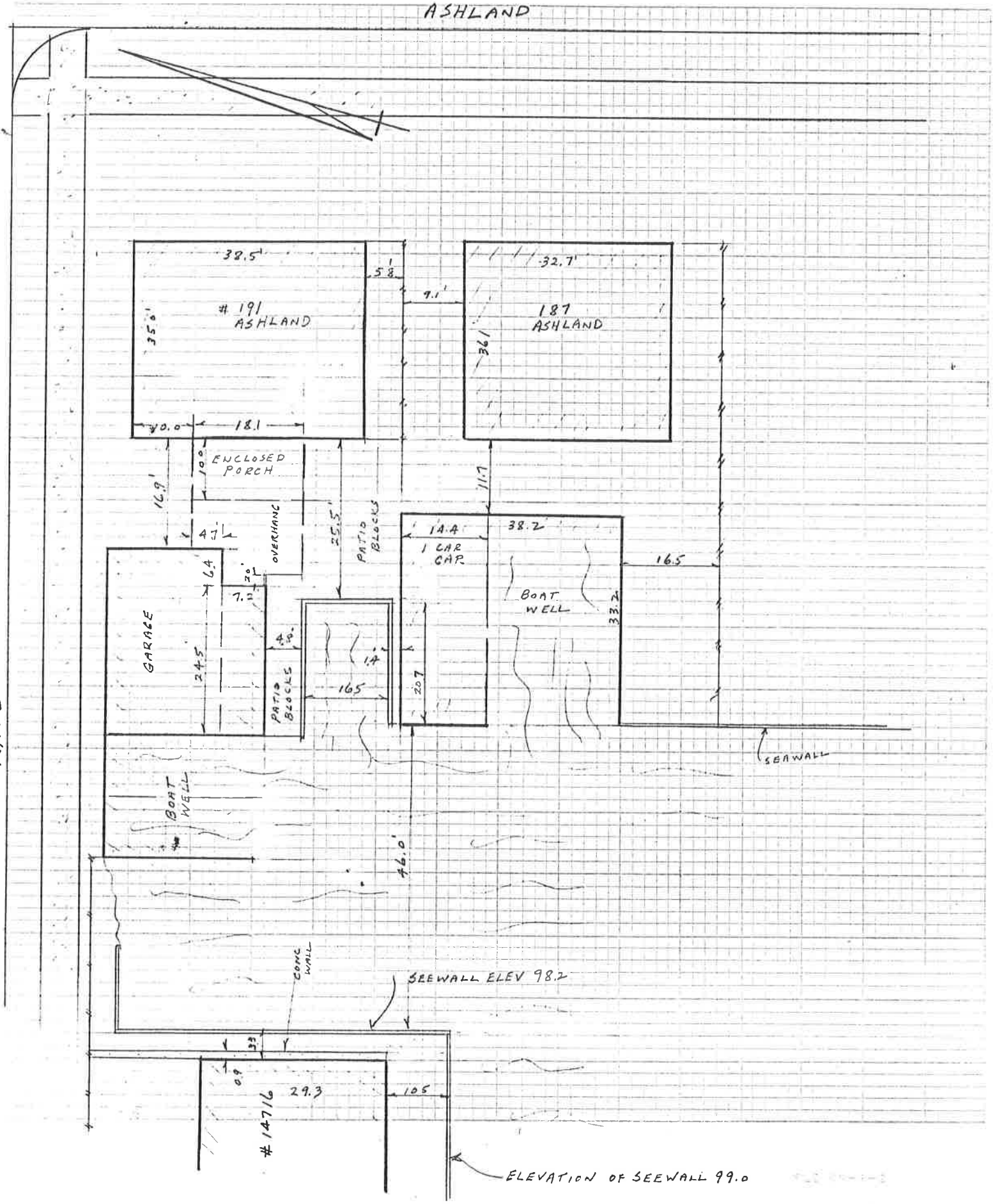
SCRIPPS

86-22-28

SURVEY OF # 191 + 187 ASHLAND

Form 220
(Rev. 5 70)

Surveyor Licensed Identification _____ Job Number _____ Page _____



SCRIPPS

191 ASHLAND

	MANPOWER	EQUIPMENT
3-25	1414.05 ✓	161870
26	1432.66 ✓	185096
27	454.90 ✓	35511
4-8	26.96 ✓	7667
9	40.44 ✓	7667
15	1599.79 ✓	158867
16	807.42 ✓	78322
16	884.42	
17	634.80	55756
18	564.80	40448
4-22	564.80	40448
28	450.84	82073
5-12	290.57	21442
5-13	334.56	24999
		8496.66
March 24 thru May 16	9501.01 ✓	

Fox Creek Flood Control 1986

191 ASHLAND	MANPOWER	EQUIPMENT	MAT'L
7-7	1548 99	560 22	
8	1548 99	560 22	
9	2063 71	790 97	
10	1849 24	768 55	
11	1737 84	743 74	
14	2618 10	867 86	
15	2142 06	2038 06	
16	2206 21	2717 99	
17	549 77	73 56	
18	966 56	745 38	
21	354 72	466 66	
22	354 72	281 02	
23	258 08	343 46	
24	406 58	127 68	
25	354 72	127 68	
28	148 50	110 34	
29	697 42	231 43	
7-30	117 54	—	
May 27 thru Aug 1	19923.75	11554 82	
8-4 thru 815 8-7	778 73	1381 86	
19	287 70	338 33	
20	814 29	517 76	
21	740 80	354 55	
August 18 thru 9-4	1842 79	1210 64	
TOTAL	3204628	2264398	54690.26

191 Ashland

March 25 thru May 16, 1986 Installation of 85 feet of sheet piling with 8 inch cap, in the Scripps Ave right-of-way

Total Cost $29387.12

$347/ft (horiz)

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work	25							Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN	4.0							4.0	22.78	91.12	
		4.5							4.5	37.50	168.75	
CARL PERKINS	FOREMAN	8.0							8.0	25.00	200.00	
		4.5							4.5	32.15	144.68	
GORDON PENNER	LABORER	8.0							8.0	21.43	171.44	
		4.5							4.5	32.15	144.68	
CASTANA WINTERS	LABORER	8.0							8.0	21.43	171.44	
		4.5							4.5	43.19	194.36	
JAMES LESURE	CARPENTER	2.0							2.0	28.79	57.58	
PATRICK MC COE	SUPERINTENDENT	2.0							2.0	35.00	70.00	
					SUB-TOTAL						1,414.05	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work	25						Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP		2.0						2.0	8.89	17.78	
MF 440 LOADER		12.5						12.5	76.67	958.38	
INGERSOLL 375 COMPRESSOR		12.5						12.5	31.58	394.75	
TOYOTA 1/2 TON GAS PICKUP		12.5						12.5	12.45	155.63	
BOBCAT 843		2.5						2.5	25.31	63.28	
90 POUND BREAKER		12.5						12.5	2.31	28.88	
						SUB-TOTAL				1,618.70	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work			26					Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP				2.0					2.0	8.89	17.78	
MF 440 LOADER				12.0					12.0	76.67	920.04	
INGERSOLL 375 COMPRESSOR				12.0					12.0	31.58	378.96	
TOYOTA 1/2 TON GAS PICKUP				12.0					12.0	12.45	149.40	
BOBCAT 843				12.0					12.0	25.31	303.72	
90 POUND BREAKER				12.0					12.0	2.31	27.72	
CHEVY 3/4 TON DIESEL PICKUP				6.0					6.0	8.89	53.34	
							SUB-TOTAL				1,850.96	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogetz
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work			26					Total Hours	Rate	Amount	Credit Time
				4.0					4.0	34.17	136.68	
ROY WASHINGTON	FOREMAN			2.0					2.0	22.78	45.56	
				4.0					4.0	37.50	150.00	
CARL PERKINS	FOREMAN			8.0					8.0	25.00	200.00	
				4.0					4.0	32.15	128.60	
GORDON PENNER	LABORER			8.0					8.0	21.43	171.44	
				4.0					4.0	32.15	128.60	
CASTANA WINTERS	LABORER			8.0					8.0	21.43	171.44	
				4.0					4.0	43.19	172.76	
JAMES LESORE	CARPENTER			2.0					2.0	28.79	57.58	
PATRICK McCUE	SUPERINTENDENT			2.0					2.0	35.00	70.00	
						SUB-TOTAL					1,432.66	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. [illegible]
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work				27				Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN				2.0				2.0	22.78	45.56	
PATRICK McCOE	SUPERINTENDENT				1.0				1.0	35.00	35.00	
PHILIP CHAMBERS	FOREMAN				2.5				2.5	44.99	112.48	
AL MATTISON	LABORER				2.5				2.5	32.15	80.38	
LEO KELLY	OPERATOR				2.5				2.5	40.44	101.10	
CYNTHIA GRIER	LABORER				2.5				2.5	32.15	80.38	
						SUB-TOTAL					454.90	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bennett
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work				27				Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL	PICKUP				1.0				1.0	8.89	8.89	
MF 44C LOADER					2.5				2.5	76.67	191.68	
BOBCAT 843					2.5				2.5	25.31	63.28	
CHEVY 3/4 TON DIESEL	PICKUP				2.0				2.0	8.89	17.78	
FORD 3/4 TON GAS PICKUP					2.5				2.5	13.53	33.83	
INGERSOLL 175 COMPRESSOR					2.5				2.5	15.86	39.65	
						SUB-TOTAL					355.11	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogaty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work		8						Total Hours	Rate	Amount	Credit Time
LEO KELLY	OPERATOR		1.0						1.0	26.96	26.96	
						SUB-TOTAL					26.96	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogerty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work		8						Total Hours	Rate	Amount	Credit Time
MF 44C LOADER			1.0						1.0	76.67	76.67	
							SUB-TOTAL				76.67	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogerty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR CLEANUP OF 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			9					Total Hours	Rate	Amount	Credit Time
LEO KELLY	OPERATOR			1.0					1.0	40.44	40.44	
					SUB-TOTAL						40.44	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR CLEANUP OF 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			9					Total Hours	Rate	Amount	Credit Time
ME 44C LOADER				1.0					1.0	76.67	76.67	
					SUB-TOTAL						76.67	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarts
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	15						Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL	PICKUP	4.0						4.0	8.89	35.56	
CHEVY 3/4 TON DIESEL	PICKUP	9.5						9.5	8.89	84.46	
MF 44C LOADER		7.5						7.5	76.67	575.03	
BOBCAT 843 WITH BACKHOE		9.5						9.5	33.81	321.20	
BOBCAT 843		9.5						9.5	25.31	240.45	
LINCOLN 225 WELDER		7.5						7.5	4.86	36.45	
HOBART 422 DIESEL GENERATOR		9.5						9.5	12.41	117.90	
INGERSOLL 175 COMPRESSOR		9.5						9.5	15.86	150.67	
90 POUND BREAKER		9.5						9.5	2.31	21.95	
						SUB-		TOTAL		1,583.67	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogert
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	15							Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT	4.0							4.0	35.00	140.00	
		1.5							1.5	36.96	55.44	
ROY WASHINGTON	FOREMAN	8.0							8.0	24.64	197.12	
		3.5							3.5	35.33	123.66	
GORDON PENNER	FOREMAN	4.0							4.0	23.55	94.20	
		1.5							1.5	43.19	64.79	
JAMES LESORE	CARPENTER	8.0							8.0	28.79	230.32	
		1.5							1.5	40.44	60.66	
LEO KELLY	OPERATOR	8.0							8.0	26.96	215.68	
		3.5							3.5	32.15	112.53	
ARVIL WRIGHT	LABORER	4.0							4.0	21.43	85.72	
		1.5							1.5	32.15	48.23	
CYNTHIA GRIER	LABORER	8.0							8.0	21.43	171.44	
						SUB-TOTAL					1,599.79	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogaty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
CHEVY 3/4 TON DIESEL	PICKUP			5.5					5.5	8.89	48.90	
MF 44C LOADER				5.5					5.5	76.67	421.69	
LINCOLN 225 WELDER				5.5					5.5	4.86	26.73	
BOBCAT 843 WITH BACKHOE				5.5					5.5	33.81	185.96	
INGERSOLL 175 COMPRESSOR				5.5					5.5	15.86	87.23	
90 POUND BREAKER				5.5					5.5	2.31	12.71	
							SUB-TOTAL				783.22	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogert
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN			5.5					5.5	24.64	135.52	
GORDON PENNER	FOREMAN			5.5					5.5	23.55	129.53	
JAMES LESURE	CARPENTER			5.5					5.5	28.79	158.35	
LEO KELLY	OPERATOR			5.5					5.5	26.96	148.28	
ARVIL WRIGHT	LABORER			5.5					5.5	21.43	117.87	
CYNTHIA GRIER	LABORER			5.5					5.5	21.43	117.87	
						SUB-TOTAL					807.42	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (9/81)

FORCE ACCOUNT STATEMENT

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work AT CANAL - WEST OF 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	GENERAL FOREMAN			5.5					5.5	32.20	177.10	
GORDON PENNER	FOREMAN			5.5					5.5	29.99	164.95	
JAMES LESURE	CARPENTER			5.5					5.5	28.79	158.35	
LEO KELLY	OPERATOR			5.5					5.5	26.96	148.28	
DEAN WRIGHT	LABORER			5.5					5.5	21.43	117.87	
CYNTHIA GRIER	LABORER			5.5					5.5	21.43	117.87	
				SUB-TOTAL							884.42	
				PLUS 10% OVERHEAD							88.44	
				PLUS 15% PROFIT							145.93	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total 1,118.79

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____ Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work				17				Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP					10.0				10.0	13.53	135.30	
LINCOLN 225 WELDER					10.0				10.0	4.86	48.60	
BOBCAT 843 WITH BACKHOE					10.0				10.0	33.81	338.10	
GMC 3/4 TON DIESEL PICKUP					4.0				4.0	8.89	35.56	
						SUB-TOTAL					557.56	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. F. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work				17				Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT				4.0				4.0	35.00	140.00	
					2.0				2.0	35.33	70.66	
GORDON PENNER	FOREMAN				8.0				8.0	23.55	188.40	
					2.0				2.0	32.15	64.30	
ARVIL WRIGHT	LABORER				8.0				8.0	21.43	171.44	
						SUB-TOTAL					634.80	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogaty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work					18			Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP						2.0			2.0	8.89	17.78	
LINCOLN 225 WELDER						10.0			10.0	4.86	48.60	
BOBCAT 843 WITH BACKHOE						10.0			10.0	33.81	338.10	
							SUB-		TOTAL		404.48	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogetz
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of APRIL 1986

Name of Employee	Class of Work					18			Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT					2.0			2.0	35.00	70.00	
						2.0			2.0	35.33	70.66	
GORDON PENNER	FOREMAN					8.0			8.0	23.55	188.40	
						2.0			2.0	32.15	64.30	
ARVIL WRIGHT	LABORER					8.0			8.0	21.43	171.44	
							SUB-TOTAL				564.80	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Roberts
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	22						Total Hours	Rate	Amount	Credit Time
PATRICK MC CUE	SUPERINTENDENT	2.0						2.0	35.00	70.00	
		2.0						2.0	35.33	70.66	
GORDON PENNER	FOREMAN	8.0						8.0	23.55	188.40	
		2.0						2.0	32.15	64.30	
ARNIL WRIGHT	LABORER	8.0						8.0	21.43	171.44	
						SUB-TOTAL				564.80	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogaty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of APRIL 1986									
Name of Employee	Class of Work		22						Total Hours	Rate	Amount	Credit Time
BOBCAT 843 WITH BACKHOE			10.0						10.0	33.81	338.10	
LINCOLN 225 WELDER			10.0						10.0	4.86	48.60	
GMC 3/4 TON DIESEL PICKUP			2.0						2.0	8.89	17.78	
						SUB-TOTAL					404.48	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogetz
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	28							Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT	1.0							1.0	35.00	35.00	
GORDON PENNER	FOREMAN	4.0							4.0	23.55	94.20	
ARVIL WRIGHT	LABORER	4.0							4.0	21.43	85.72	
CARL PERKINS	OPERATOR	4.0							4.0	25.00	100.00	
BRUCE ROSSO	OPERATOR	4.0							4.0	33.98	135.92	
					SUB-TOTAL						450.84	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rosetty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of APRIL 1986									Amount	Credit Time
Name of Employee	Class of Work	28							Total Hours	Rate		
GMC 3/4 TON DIESEL	PICKUP	1.0							1.0	8.89	8.89	
TOYOTA 1/2 TON PICKUP	(GASOLINE)	4.0							4.0	12.45	49.80	
BOBCAT 843 WITH	BACKHOE	4.0							4.0	33.81	135.24	
INGERSOLL 175	COMPRESSOR	4.0							4.0	15.86	63.44	
90 POUND BREAKER		4.0							4.0	2.31	9.24	
FORD 3/4 TON GAS	PICKUP	4.0							4.0	13.53	54.12	
						SUB-TOTAL					320.73	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No._____, Extra No._____, dated_____

R. L. Bogarty
Contractor

Checked by_____ Resident or Project Engineer

Approved by_____ District Engineer

Date_____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

14697

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191, 552 ASHLAND ~~14670~~ KLENK CUT AND CAP

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MAY 1986

Name of Employee	Class of Work	12							Total Hours	Rate	Amount	Credit Time
BOBCAT 843 WITH	BACKHOE	10.0							10.0	33.81	338.10	
FORD 3/4 TON GAS	PICKUP	10.0							10.0	13.53	135.30	
LINCOLN 225 WELDER		10.0							10.0	4.86	48.60	
GMC 3/4 TON DIESEL	PICKUP	2.0							2.0	8.89	17.78	
FORD F 700 DUMP		4.0							4.0	25.87	103.48	
						SUB-TOTAL					643.26	
					191	ASHLAND					214.42	
					552	ASHLAND					214.42	
				14670	~~AK~~	LENK					214.42	
				14697								

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogerty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work: MANPOWER FOR 191, 552 ASHLAND 14670 KLENK CUT AND CAP 14697

To Accompany Recommendation No. _____ Date _____

Contractor: O'LAUGHLIN CONSTRUCTION COMPANY

Address: 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MAY 1986

Name of Employee	Class of Work	12							Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT	2.0							2.0	35.00	70.00	
		2.0							2.0	35.33	70.66	
GORDON PENNER	FOREMAN	8.0							8.0	23.55	188.40	
		2.0							2.0	32.15	64.30	
ARVIL WRIGHT	LABORER	8.0							8.0	21.43	171.44	
		2.0							2.0	33.81	67.62	
CYNTHIA GRIER	OPERATOR	8.0							8.0	22.54	180.32	
PAT McKEON	WAREHOUSE/YARD	4.0							4.0	14.74	58.96	
					SUB-TOTAL						871.70	
						191 ASHLAND					290.57	
						552 ASHLAND					290.57	
		14697			14670 KLENK						290.57	
										Total		

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191, 414 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of MAY 1986

Name of Employee	Class of Work	13						Total Hours	Rate	Amount	Credit Time
BOBCAT 843 WITH BACKHOE		8.0						8.0	33.81	270.48	
FORD 3/4 TON GAS PICKUP		8.0						8.0	13.53	108.24	
GMC 3/4 TON DIESEL	PICKUP	2.0						2.0	8.89	17.78	
FORD F 700 DUMP		4.0						4.0	25.87	103.48	
						SUB-TOTAL				499.98	
											249.99

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogerty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work: MANPOWER FOR 191 ASHLAND, 414 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor: O'LAUGHLIN CONSTRUCTION COMPANY

Address: 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MAY 1986

Name of Employee	Class of Work		13						Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT		2.0						2.0	35.00	70.00	
GORDON PENNER	FOREMAN		8.0						8.0	23.55	188.40	
ARVIL WRIGHT	LABORER		8.0						8.0	21.43	171.44	
CYNTHIA GRIER	OPERATOR		8.0						8.0	22.54	180.32	
PAT McKEON	WAREHOUSE/YARD		4.0						4.0	14.74	58.96	
						SUB-TOTAL					669.12 / 2	334.56
										Total		

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
		Total		

Attach Original Bills for Materials and Freight

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	7							Total Hours	Rate	Amount	Credit Time
GMC BOOM TRUCK		4.0							4.0	41.27	165.08	
BOBCAT 843 LOADER		4.0							4.0	25.31	101.24	
INGERSOLL 175 COMPRESSOR		4.0							4.0	15.86	63.44	
FORD 3/4 TON GAS PICKUP		9.0							9.0	13.53	121.77	
CHEVY 3/4 TON DIESEL PICKUP		9.0							9.0	8.89	80.01	
90 POUND BREAKER		4.0							4.0	2.31	9.24	
LINCOLN 225 WELDER		4.0							4.0	4.86	19.44	
						SUB-TOTAL					560.22	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	7							Total Hours	Rate	Amount	Credit Time
		1.0							1.0	39.81	39.81	
ROY WASHINGTON	FOREMAN	8.0							8.0	26.54	212.32	
		1.0							1.0	38.90	38.90	
DON PULK	LABORER	8.0							8.0	25.93	207.44	
		1.0							1.0	37.13	37.13	
ARVIL WRIGHT	LABORER	8.0							8.0	24.75	198.00	
		1.0							1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER	8.0							8.0	33.12	264.96	
		1.0							1.0	49.68	49.68	
FRANCIS WHELAN	CARPENTER	8.0							8.0	33.12	264.96	
		1.0							1.0	29.39	29.39	
CYNTHIA GRIER	OPERATOR	8.0							8.0	19.59	156.72	
						SUB-TOTAL					1,548.99	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Approved by _____ Date _____
Resident or Project Engineer — District Engineer

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of JULY 1986

Name of Employee	Class of Work		8						Total Hours	Rate	Amount	Credit Time
			1.0						1.0	39.81	39.81	
ROY WASHINGTON	FOREMAN		8.0						8.0	26.54	212.32	
			1.0						1.0	38.90	38.90	
DON PULK	LABORER		8.0						8.0	25.93	207.44	
			1.0						1.0	37.13	37.13	
ARVIL WRIGHT	LABORER		8.0						8.0	24.75	198.00	
			1.0						1.0	49.68	49.68	
FRANCIS WHELAN	CARPENTER		8.0						8.0	33.12	264.96	
			1.0						1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER		8.0						8.0	33.12	264.96	
			1.0						1.0	29.39	29.39	
CYNTHIA GRIER	OPERATOR		8.0						8.0	19.59	156.72	
							SUB-TOTAL				1,548.99	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	8						Total Hours	Rate	Amount	Credit Time
GMC BOOM TRUCK		4.0						4.0	41.27	165.08	
BOBCAT 843 LOADER		4.0						4.0	25.31	101.24	
INGERSOLL 175 COMPRESSOR		4.0						4.0	15.86	63.44	
FORD 3/4 TON GAS PICKUP		9.0						9.0	13.53	121.77	
CHEVY 3/4 TON DIESEL	PICKUP	9.0						9.0	8.89	80.01	
90 POUND BREAKER		4.0						4.0	2.31	9.24	
LINCOLN 225 WELDER		4.0						4.0	4.86	19.44	
						SUB-TOTAL				560.22	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work			9					Total Hours	Rate	Amount	Credit Time
				1.0					1.0	39.81	39.81	
ROY WASHINGTON	FOREMAN			8.0					8.0	26.54	212.32	
				1.0					1.0	38.90	38.90	
DON PULK	LABORER			8.0					8.0	25.93	207.44	
				1.0					1.0	49.68	49.68	
FRANCIS WHELAN	CARPENTER			8.0					8.0	33.12	264.96	
				1.0					1.0	37.13	37.13	
ARVIL WRIGHT	LABORER			8.0					8.0	24.75	198.00	
				1.0					1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER			8.0					8.0	33.12	264.96	
				1.0					1.0	29.39	29.39	
CYNTHIA GRIER	OPERATOR			8.0					8.0	19.59	156.72	
				1.0					1.0	44.15	44.15	
LEO KELLY	OPERATOR			8.0					8.0	29.43	235.44	
				1.0					1.0	37.13	37.13	
EINO KORPI	LABORER			8.0					8.0	24.75	198.00	
								SUB-TOTAL			2,063.71	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work			9					Total Hours	Rate	Amount	Credit Time
GMC BOOM TRUCK				4.0					4.0	41.27	165.08	
M.F. 44C LOADER				4.0					4.0	76.67	306.68	
INGERSOLL 175 COMPRESSOR				4.0					4.0	15.86	63.44	
BOBCAT 843 LOADER				1.0					1.0	25.31	25.31	
LINCOLN 225 WELDER				4.0					4.0	4.86	19.44	
90 POUND BREAKER				4.0					4.0	2.31	9.24	
CHEVY 3/4 TON DIESEL PICKUP				9.0					9.0	8.89	80.01	
FORD 3/4 TON GAS PICKUP				9.0					9.0	13.53	121.77	
				SUB-TOTAL							790.97	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work				10				Total Hours	Rate	Amount	Credit Time
GMC BOOM TRUCK					4.0				4.0	41.27	165.08	
ME 44C LOADER					4.0				4.0	76.67	306.68	
INGERSOLL 175 COMPRESSOR					4.0				4.0	15.86	63.44	
BOBCAT 843 LOADER					1.0				1.0	25.31	25.31	
LINCOLN 225 WELDER					4.0				4.0	4.86	19.44	
90 POUND BREAKER					4.0				4.0	2.31	9.24	
CHEVY 3/4 TON DIESEL PICKUP					8.0				8.0	8.89	71.12	
FORD 3/4 TON GAS PICKUP					8.0				8.0	13.53	108.24	
GROVE 20 TON CRANE					4.0				4.0			
						SUB-TOTAL					768.55	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of JULY 1986

Name of Employee	Class of Work				10				Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN				8.0				8.0	26.54	212.32	
DON PULK	LABORER				8.0				8.0	25.93	207.44	
FRANCIS WHELAN	CARPENTER				8.0				8.0	33.12	264.96	
SAM WASHINGTON	CARPENTER				8.0				8.0	33.12	264.96	
LEO KELLY	OPERATOR				8.0				8.0	29.43	235.44	
CYNTHIA GRIER	OPERATOR				8.0				8.0	19.59	156.72	
					1.5				1.5	37.13	55.70	
EINO KORPI	LABORER				8.0				8.0	24.75	198.00	
					1.5				1.5	37.13	55.70	
ARVIL WRIGHT	LABORER				8.0				8.0	24.75	198.00	
						SUB-TOTAL					1,849.24	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work					11			Total Hours	Rate	Amount	Credit Time
GMC BOOM TRUCK						4.0			4.0	41.27	165.08	
MF 44C LOADER						4.0			4.0	76.67	306.68	
INGERSOLL 175 COMPRESSOR						4.0			4.0	15.86	63.44	
BOBCAT 843 LOADER						1.0			1.0	25.31	25.31	
LINCOLN 225 WELDER						4.0			4.0	4.86	19.44	
90 POUND BREAKER						4.0			4.0	2.31	9.24	
CHEVY 3/4 TON DIESEL PICKUP						8.0			8.0	8.89	71.12	
FORD 3/4 TON GAS PICKUP						8.0			8.0	13.53	108.24	
GROVE 20 TON CRANE						4.0			4.0			
					SUB-TOTAL						743.74	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work					11			Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN					8.0			8.0	26.54	212.32	
DON PULK	LABORER					8.0			8.0	25.93	207.44	
FRANCIS WHELAN	CARPENTER					8.0			8.0	33.12	264.96	
SAM WASHINGTON	CARPENTER					8.0			8.0	33.12	264.96	
LEO KELLY	OPERATOR					8.0			8.0	29.43	235.44	
CYNTHIA GRIER	OPERATOR					8.0			8.0	19.59	156.72	
EINO KORPI	LABORER					8.0			8.0	24.75	198.00	
ARVIL WRIGHT	LABORER					8.0			8.0	24.75	198.00	
						SUB-		TOTAL			1,737.84	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	14							Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL	PICKUP	2.0							2.0	8.89	17.78	
CHEVY 3/4 TON DIESEL	PICKUP	9.0							9.0	8.89	80.01	
FORD 3/4 TON GAS PICKUP		9.0							9.0	13.53	121.77	
GMC BOOM TRUCK		8.0							8.0	41.27	330.16	
MF 44C LOADER		2.0							2.0	76.67	153.34	
INGERSOLL 175 COMPRESSOR		8.0							8.0	15.86	126.88	
90 POUND BREAKER		8.0							8.0	2.31	18.48	
LINCOLN 225 WELDER		4.0							4.0	4.86	19.44	
GROVE 20 TON CRANE		5.0							5.0			
					SUB-TOTAL						867.86	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	14							Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT	2.0							2.0	35.00	70.00	
		1.0							1.0	39.81	39.81	
ROY WASHINGTON	FOREMAN	8.0							8.0	26.54	212.32	
		2.5							2.5	38.90	97.25	
DON PULK	LABORER	8.0							8.0	25.93	207.44	
		1.0							1.0	49.68	49.68	
FRANCIS WHELAN	CARPENTER	8.0							8.0	33.12	264.96	
		1.0							1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER	8.0							8.0	33.12	264.96	
		1.0							1.0	44.15	44.15	
LEO KELLY	OPERATOR	8.0							8.0	29.43	235.44	
		1.0							1.0	29.39	29.39	
CYNTHIA GRIER	OPERATOR	8.0							8.0	19.59	156.72	
		2.5							2.5	37.13	92.83	
EINO KORPI	LABORER	8.0							8.0	24.75	198.00	
		2.5							2.5	37.13	92.83	
ARVIL WRIGHT	LABORER	8.0							8.0	24.75	198.00	
		1.0							1.0	49.68	49.68	
JAMES LESURE	CARPENTER	8.0							8.0	~~24.75~~ 33.12	264.96	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total 2,618.10

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	15						Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT	2.0						2.0	35.00	70.00	
		1.0						1.0	39.81	39.81	
ROY WASHINGTON	FOREMAN	8.0						8.0	26.54	212.32	
DON PULK	LABORER	1.0						1.0	25.93	25.93	
		1.0						1.0	49.68	49.68	
FRANCIS WHELAN	CARPENTER	8.0						8.0	33.12	264.96	
		1.0						1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER	8.0						8.0	33.12	264.96	
		1.0						1.0	44.15	44.15	
LEO KELLY	OPERATOR	8.0						8.0	29.43	235.44	
		1.0						1.0	29.39	29.39	
CYNTHIA GRIER	OPERATOR	8.0						8.0	19.59	156.72	
		1.0						1.0	37.13	37.13	
EINO KORPI	LABORER	8.0						8.0	24.75	198.00	
		1.0						1.0	37.13	37.13	
ARVIL WRIGHT	LABORER	8.0						8.0	24.75	198.00	
		1.0						1.0	36.12	36.12	
JERRY SHUTE	LABORER	8.0						8.0	24.08	192.64	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total 2,142.06

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	15							Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL	PICKUP	2.0							2.0	8.89	17.78	
FORD 3/4 TON GAS	PICKUP	8.0							8.0	13.53	108.24	
CHEVY 3/4 TON DIESEL	PICKUP	8.0							8.0	8.89	71.12	
GMC BOOM TRUCK		5.0							5.0	41.27	206.35	
FORD F800 BOOM TRUCK		5.0							5.0	59.29	296.45	
INGERSOLL 175 COMPRESSOR		4.0							4.0	15.86	63.44	
90 POUND BREAKER		4.0							4.0	2.31	9.24	
GROVE 40 TON CRANE		4.0							4.0	180.75	723.00	
LINCOLN 225 WELDER		4.0							4.0	4.86	19.44	
VIBRATORY HAMMER		4.0							4.0	130.75	523.00	
								SUB-TOTAL			~~1,741.61~~	
											2038.06	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
Attach Original Bills for Materials and Freight		Total		

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT			2.0					2.0	35.00	70.00	
				1.0					1.0	39.81	39.81	
ROY WASHINGTON	FOREMAN			8.0					8.0	26.54	212.32	
DON PULK	LABORER			8.0					8.0	25.93	207.44	
				1.0					1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER			8.0					8.0	33.12	264.96	
				1.0					1.0	49.68	49.68	
JAMES LESURE	CARPENTER			8.0					8.0	33.12	264.96	
				1.0					1.0	44.15	44.15	
LEO KELLY	OPERATOR			8.0					8.0	29.43	235.44	
				1.0					1.0	29.39	29.39	
CYNTHIA GRIER	OPERATOR			8.0					8.0	19.59	156.72	
				2.5					2.5	37.13	92.83	
EINO KORPI	LABORER			8.0					8.0	24.75	198.00	
				2.5					2.5	37.13	92.83	
ARVIL WRIGHT	LABORER			8.0					8.0	24.75	198.00	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total 2,206.21

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP				2.0					2.0	8.89	17.78	
FORD 3/4 TON GAS PICKUP				8.0					8.0	13.53	108.24	
CHEVY 3/4 TON DIESEL PICKUP				8.0					8.0	8.89	71.12	
FORD F800 BOOM TRUCK				8.0					8.0	59.29	474.32	
GROVE 40 TON CRANE				8.0					8.0	180.75	1,446.00	
LINCOLN 225 WELDER				2.5					2.5	4.86	12.15	
VIBRATORY HAMMER				4.5					4.5	130.75	588.38	
							SUB		TOTAL		~~2243.67~~	
											2717.99	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Approved by _____ Date _____
Resident or Project Engineer District Engineer

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work				17				Total Hours	Rate	Amount	Credit Time
					1.0				1.0	37.13	37.13	
ARVIL WRIGHT	LABORER				8.0				8.0	24.75	198.00	
					1.0				1.0	49.68	49.68	
SAM WASHINGTON	CARPENTER				8.0				8.0	33.12	264.96	
					SUB-TOTAL						549.77	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work				17				Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP					4.0				4.0	13.53	54.12	
LINCOLN 225 WELDER					4.0				4.0	4.86	19.44	
					SUB-TOTAL						73.56	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Approved by _____ Date _____
Resident or Project Engineer District Engineer

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work					18			Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT					4.0			4.0	35.00	140.00	
						3.0			3.0	38.90	116.70	
DON POLK	LABORER					6.0			6.0	25.93	155.58	
						3.0			3.0	37.13	111.39	
ARVIL WRIGHT	LABORER					8.0			8.0	24.75	198.00	
						3.0			3.0	29.39	88.17	
CYNTHIA GRIER	OPERATOR					8.0			8.0	19.59	156.72	
					SUB-TOTAL						966.56	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
		63 hr. log			

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work					18			Total Hours	Rate	Amount	Credit Time
MF 44C LOADER						7.0			7.0	76.67	536.69	
FORD 3/4 TON GAS PICKUP						11.0			11.0	13.53	148.83	
LINCOLN 225 WELDER						5.0			5.0	4.86	24.30	
GMC 3/4 TON DIESEL PICKUP						4.0			4.0	8.89	35.56	
						SUB-TOTAL					745.38	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Approved by _____ Date _____
Resident or Project Engineer — District Engineer

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of JULY 1986

Name of Employee	Class of Work	21							Total Hours	Rate	Amount	Credit Time
ARVIL WRIGHT	LABORER	8.0							8.0	24.75	198.00	
CYNTHIA GRIER	OPERATOR	8.0							8.0	19.59	156.72	
						SUB-TOTAL					354.72	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	21							Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP		8.0							8.0	13.53	108.24	
MF 44C LOADER		4.0							4.0	76.67	306.68	
FORD F700 DUMP TRUCK		2.0							2.0	25.87	51.74	
						SUB-TOTAL					466.66	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total		

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work		22						Total Hours	Rate	Amount	Credit Time
ARVIL WRIGHT	LABORER		8.0						8.0	24.75	198.00	
CYNTHIA GRIER	OPERATOR		8.0						8.0	19.59	156.72	
							SUBTOTAL				354.72	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Approved by _____ Date _____
Resident or Project Engineer District Engineer

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work	22						Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP		8.0						8.0	13.53	108.24	
MF 44C LOADER		2.0						2.0	76.67	153.34	
LINCOLN 225 WELDER		4.0						4.0	4.86	19.44	
					SUB-TOTAL					281.02	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work			23					Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP				2.0					2.0	13.53	27.06	
LINCOLN 225 WELDER				2.0					2.0	4.86	9.72	
MF 440 LOADER				4.0					4.0	76.67	306.68	
						SUB-TOTAL					343.46	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bryant
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of JULY 1986

Name of Employee	Class of Work			23					Total Hours	Rate	Amount	Credit Time
DON PULK	LABORER			2.0					2.0	25.93	51.86	
ARVIL WRIGHT	LABORER			2.0					2.0	24.75	49.50	
CYNTHIA GRIER	OPERATOR			8.0					8.0	19.59	156.72	
							SUB-TOTAL				258.08	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogeth
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work				24				Total Hours	Rate	Amount	Credit Time
DON PULK	LABORER				2.0				2.0	25.93	51.86	
ARVIL WRIGHT	LABORER				8.0				8.0	24.75	198.00	
CYNTHIA GRIER	OPERATOR				8.0				8.0	19.59	156.72	
						SUB-TOTAL					406.58	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogard
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work				24				Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS	PICKUP				8.0				8.0	13.53	108.24	
LINCOLN 225 WELDER					4.0				4.0	4.86	19.44	
						SUB-TOTAL					127.68	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogue
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work					25			Total Hours	Rate	Amount	Credit Time
ARVIL WRIGHT	LABORER					8.0			8.0	24.75	198.00	
CYNTHIA GRIER	OPERATOR					8.0			8.0	19.59	156.72	
							SUB-		TOTAL		354.72	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 1986

Name of Employee	Class of Work					25			Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP						8.0			8.0	13.53	108.24	
LINCOLN 225 WELDER						4.0			4.0	4.86	19.44	
							SUB-TOTAL				127.68	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO

Address 24460 NOVI RD
NOVI, MICH 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of JULY 19

Name of Employee	Class of Work	28							Total Hours	Rate	Amount	Credit Time
ARVIL WRIGHT	LABORER	6							6.0	24.75	148.50	
						SUB-	TOTAL				148.50	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total 148.50

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____
Resident or Project Engineer

Approved by OHP
District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO

Address 24460 NOVI RD
NOVI, MICH 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of ..... 19.....

Name of Employee	Class of Work	28							Total Hours	Rate	Amount	Credit Time
FORD 3/4 T GAS	P/U	6							6.0	13.53	81.18	
LINCOLN 225 WELDER		6							6.0	4.86	29.16	
							SUB-TOTAL				110.34	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total 110.34

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogart
Contractor

Checked by _____ Resident or Project Engineer

Approved by A.P. District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER & EQUIP. 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO

Address 24460 NOVI RD
NOVI, MICH 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of ..... 19.....

Name of Employee	Class of Work	29							Total Hours	Rate	Amount	Credit Time
ARVIL WRIGHT	LABORER	8							8.0	24.75	198.00	
		2.5							2.5	37.12	92.80	
DON PULK	LABORER	4							4.0	25.93	103.72	
		2.5							2.5	38.89	97.22	
ROY WASHINGTON	FOREMAN	4							4.0	26.54	106.16	
		2.5							2.5	39.81	99.52	
SUB-TOTAL											697.42	
LINCOLN 225	WELDER	6.5							6.5	4.86	31.59	
CHEV 3/4T P/U	DIESEL	6.5							6.5	8.89	57.78	
FORT 3/4T P/U	GAS	10.5							10.5	13.53	142.06	
SUB-TOTAL											231.43	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total 928.85

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
7-29-86	KOENIG	FLY ASH 20 YDS		

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

P. J. Bogart
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER & EQUIPMENT 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO

Address 24460 NOVI RD
NOVI, MICH 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of JULY 19

Name of Employee	Class of Work			30					Total Hours	Rate	Amount	Credit Time
CYNTHIA GRIER	OPERATOR			6.0					6.0	19.59	117.54	
					no equip							

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total 117.54

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

OP. / R. L. [illegible]
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. 191 Ashland

Length and Type of Work remove sheet pile

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO.

Address _____

PAYROLL AND EQUIPMENT RENTAL		Date—Month of AUGUST 19										
Name of Employee	Class of Work				7				Total Hours	Rate	Amount	Credit Time
SAM WASHINGTON	CARPENTER				2				2	33.12	66.24	
					1.5	OT			1.5	49.68	74.52	
JAMES LESURE	CARPENTER				2				2	33.12	66.24	
					1.5				1.5	49.68	74.52	
EINO KORPI	LABORER				2				2	24.75	49.50	
					1.5				1.5	37.12	55.68	
LEO KELLY	OPERATOR				2				2	29.43	58.86	
					1.5				1.5	44.14	66.18	
DON PULK	LABORER				2				2	25.93	51.86	
ROY WASHINGTON	FOREMAN				2				2	26.54	53.08	
					1.5				1.5	39.81	59.71	
JERRY SHUTE	DRIVER				2				2	24.08	48.16	
					1.5				1.5	36.12	54.18	
					SUB - TOTAL						778.73	
FORD F9000 TRACTOR					3.5				3.5	53.90	188.65	
HI FLAT BED					3.5				3.5	20.28	70.98	
CHEV DIESEL P/U					3.5				3.5	8.89	31.11	
RT740 GROVE					3.5				3.5	181.00	633.50	
VIBRATOR HAMMER					3.5				3.5	130.75	457.62	
					SUB - TOTAL						1381.86	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	~~1381.86~~	2160.59

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT					
Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bennett
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. 191 ASHLAND

Length and Type of Work backfill, cleanup

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO.

Address _____

PAYROLL AND EQUIPMENT RENTAL		Date—Month of AUGUST 19										
Name of Employee	Class of Work		19						Total Hours	Rate	Amount	Credit Time
AL MATTISON	LABORER		4						4	24.75	99.00	
PAT MCKEON	LABORER		4						4	14.62	58.48	
CYNTHIA GREER	OPERATOR		4						4	19.59	78.36	
DON PULK	LABORER		2						2	25.93	51.86	
						SUB TOTAL					287.70	
POGO STICK			3						3	3.00	9.00	
INGERSOLL 175 A.C.			3						3	15.86	47.58	
MF44C LOADER			3						3	76.67	230.01	
FORD F700 DUMP TRUCK			2						2	25.87	51.74	
			✓			SUB TOTAL					338.33	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	626.03	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogetto
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. 191 ASHLAND

Length and Type of Work backfill, temp

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO.

Address _____

PAYROLL AND EQUIPMENT RENTAL

Date—Month of AUGUST 19

Name of Employee	Class of Work			20					Total Hours	Rate	Amount	Credit Time
PAT McKEON	LABORER			8					8	14.62	116.96	
LEO KELLY	OPERATOR			8					8	29.43	235.44	
CYNTHIA GREER	OPERATOR			3					3	19.59	58.77	
AL MATTISON	LABORER			8					8	24.75	198.00	
ROY WASHINGTON	FOREMAN			2					2	26.54	53.08	
DON PULK	LABORER			3					3	25.93	77.79	
JERRY CHILDRESS	LABORER			3					3	24.75	74.25	
					SUB TOTAL						814.29	
INGERSOLL 175	A.C.			6					6	15.86	95.16	
POGO STICK				6					6	3.00	18.00	
~~BOBCAT 843 LOADER~~												
FORD F800 BOOM	TRUCK			3					3	52.27	156.81	
MF44C LOADER				3					3	76.67	230.01	
CHEV P/U DIESEL				2					2	8.89	17.78	
					SUB TOTAL						517.76	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total 1332.05

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. 191 ASHLAND

Length and Type of Work backfill, cleanup

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO.

Address _____

PAYROLL AND EQUIPMENT RENTAL		Date—Month of AUGUST 19										
Name of Employee	Class of Work				21				Total Hours	Rate	Amount	Credit Time
LEO KELLY	OPERATOR				8				8	29.43	235.44	
CYNTHIA GREER	OPERATOR				8				8	19.59	156.72	
PAT McKEON	LABORER				8				8	18.83	150.64	
AL MATTISON	LABORER				8				8	24.75	198.00	
					SUB TOTAL						740.80	
~~CHEV P/U DIESEL~~										~~8.89~~		
POGO STICK					4				4	3.00	12.00	
BOBCAT 843 LOADER					4				4	25.31	101.24	
INGERSOLL 175 A.C.					4				4	15.86	63.44	
FORD F800 BOOM TRUCK					3				3	59.29	177.87	
					SUB TOTAL						354.55	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total 1095.35

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount		Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight		Total			

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

_____ Contractor

Checked by _____ Resident or Project Engineer Approved by _____ District Engineer Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work	25						Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN	4.0						4.0	22.78	91.12	
		4.5						4.5	37.50	168.75	
CARL PERKINS	FOREMAN	8.0						8.0	25.00	200.00	
		4.5						4.5	32.15	144.68	
GORDON PENNER	LABORER	8.0						8.0	21.43	171.44	
		4.5						4.5	32.15	144.68	
CASTANA WINTERS	LABORER	8.0						8.0	21.43	171.44	
		4.5						4.5	43.19	194.36	
JAMES LESURE	CARPENTER	2.0						2.0	28.79	57.58	
PATRICK MC COE	SUPERINTENDENT	2.0						2.0	35.00	70.00	
					SUB-TOTAL					1,414.05	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work	25						Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP		2.0						2.0	8.89	17.78	
MF 440 LOADER		12.5						12.5	76.67	958.38	
INGERSOLL 375 COMPRESSOR		12.5						12.5	31.58	394.75	
TOYOTA 1/2 TON GAS PICKUP		12.5						12.5	12.45	155.63	
BOBCAT 843		2.5						2.5	25.31	63.28	
90 POUND BREAKER		12.5						12.5	2.31	28.88	
						SUB-TOTAL				1,618.70	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Roberts
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work			26					Total Hours	Rate	Amount	Credit Time
				4.0					4.0	34.17	136.68	
ROY WASHINGTON	FOREMAN			2.0					2.0	22.78	45.56	
				4.0					4.0	37.50	150.00	
CARL PERKINS	FOREMAN			8.0					8.0	25.00	200.00	
				4.0					4.0	32.15	128.60	
GORDON PENNER	LABORER			8.0					8.0	21.43	171.44	
				4.0					4.0	32.15	128.60	
CASTANA WINTERS	LABORER			8.0					8.0	21.43	171.44	
				4.0					4.0	43.19	172.76	
JAMES LESURE	CARPENTER			2.0					2.0	28.79	57.58	
PATRICK McCOE	SUPERINTENDENT			2.0					2.0	35.00	70.00	
						SUB-TOTAL					1,432.66	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. [illegible]
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work			26					Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP				2.0					2.0	8.89	17.78	
MF 44C LOADER				12.0					12.0	76.67	920.04	
INGERSOLL 375 COMPRESSOR				12.0					12.0	31.58	378.96	
TOYOTA 1/2 TON GAS PICKUP				12.0					12.0	12.45	149.40	
BOBCAT 843				12.0					12.0	25.31	303.72	
90 POUND BREAKER				12.0					12.0	2.31	27.72	
CHEVY 3/4 TON DIESEL PICKUP				6.0					6.0	8.89	53.34	
						SUB-TOTAL					1,850.96	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogetz
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work				27				Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL	PICKUP				1.0				1.0	8.89	8.89	
MF 44C LOADER					2.5				2.5	76.67	191.68	
BOBCAT 843					2.5				2.5	25.31	63.28	
CHEVY 3/4 TON DIESEL	PICKUP				2.0				2.0	8.89	17.78	
FORD 3/4 TON GAS	PICKUP				2.5				2.5	13.53	33.83	
INGERSOLL 175	COMPRESSOR				2.5				2.5	15.86	39.65	
						SUB-TOTAL					355.11	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogatz
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of MARCH 1986

Name of Employee	Class of Work				27				Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN				2.0				2.0	22.78	45.56	
PATRICK McCOE	SUPERINTENDENT				1.0				1.0	35.00	35.00	
PHILIP CHAMBERS	FOREMAN				2.5				2.5	44.99	112.48	
AL MATTISON	LABORER				2.5				2.5	32.15	80.38	
LEO KELLY	OPERATOR				2.5				2.5	40.44	101.10	
CYNTHIA GRIER	LABORER				2.5				2.5	32.15	80.38	
						SUB-TOTAL					454.90	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Roberts
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work		8						Total Hours	Rate	Amount	Credit Time
LEO KELLY	OPERATOR		1.0						1.0	26.96	26.96	
						SUB-TOTAL					26.96	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogerty
Contractor

Checked by _____
Resident or Project Engineer

Approved by _____
District Engineer

Date _____

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work		8						Total Hours	Rate	Amount	Credit Time
MF 44C LOADER			1.0						1.0	76.67	76.67	
						SUB-TOTAL					76.67	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR CLEANUP OF 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			9					Total Hours	Rate	Amount	Credit Time
LEO KELLY	OPERATOR			1.0					1.0	40.44	40.44	
					SUB-TOTAL						40.44	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Rogers
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR CLEANUP OF 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			9					Total Hours	Rate	Amount	Credit Time
ME 44C LOADER				1.0					1.0	76.67	76.67	
					SUB-TOTAL						76.67	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarts
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD

NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	15						Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL	PICKUP	4.0						4.0	8.89	35.56	
CHEVY 3/4 TON DIESEL	PICKUP	9.5						9.5	8.89	84.46	
MF 44C LOADER		7.5						7.5	76.67	575.03	
BOBCAT 843 WITH BACKHOE		9.5						9.5	33.81	321.20	
BOBCAT 843		9.5						9.5	25.31	240.45	
LINCOLN 225 WELDER		7.5						7.5	4.86	36.45	
HOBART 422 DIESEL GENERATOR		9.5						9.5	12.41	117.90	
INGERSOLL 175 COMPRESSOR		9.5						9.5	15.86	150.67	
90 POUND BREAKER		9.5						9.5	2.31	21.95	
							SUB-TOTAL			1,583.67	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogart

Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

COPY

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	15						Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT	4.0						4.0	35.00	140.00	
		1.5						1.5	36.96	55.44	
ROY WASHINGTON	FOREMAN	8.0						8.0	24.64	197.12	
		3.5						3.5	35.33	123.66	
GORDON PENNER	FOREMAN	4.0						4.0	23.55	94.20	
		1.5						1.5	43.19	64.79	
JAMES LESURE	CARPENTER	8.0						8.0	28.79	230.32	
		1.5						1.5	40.44	60.66	
LEO KELLY	OPERATOR	8.0						8.0	26.96	215.68	
		3.5						3.5	32.15	112.53	
ARVIL WRIGHT	LABORER	4.0						4.0	21.43	85.72	
		1.5						1.5	32.15	48.23	
CYNTHIA GRIER	LABORER	8.0						8.0	21.43	171.44	
					SUB-TOTAL					1,599.79	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogaty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
ROY WASHINGTON	FOREMAN			5.5					5.5	24.64	135.52	
GORDON PENNER	FOREMAN			5.5					5.5	23.55	129.53	
JAMES LESORE	CARPENTER			5.5					5.5	28.79	158.35	
LEO KELLY	OPERATOR			5.5					5.5	26.96	148.28	
ARVIL WRIGHT	LABORER			5.5					5.5	21.43	117.87	
CYNTHIA GRIER	LABORER			5.5					5.5	21.43	117.87	
						SUB-TOTAL					807.42	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogarty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

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1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work			16					Total Hours	Rate	Amount	Credit Time
CHEVY 3/4 TON DIESEL	PICKUP			5.5					5.5	8.89	48.90	
MF 44C LOADER				5.5					5.5	76.67	421.69	
LINCOLN 225 WELDER				5.5					5.5	4.86	26.73	
BOBCAT 843 WITH BACKHOE				5.5					5.5	33.81	185.96	
INGERSOLL 175 COMPRESSOR				5.5					5.5	15.86	87.23	
90 POUND BREAKER				5.5					5.5	2.31	12.71	
							SUB-TOTAL				783.22	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogert
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL — Date—Month of APRIL 1986

Name of Employee	Class of Work				17				Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT				4.0				4.0	35.00	140.00	
					2.0				2.0	35.33	70.66	
GORDON PENNER	FOREMAN				8.0				8.0	23.55	188.40	
					2.0				2.0	32.15	64.30	
ARVIL WRIGHT	LABORER				8.0				8.0	21.43	171.44	
						SUB-TOTAL					634.80	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight — Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogerty
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work				17				Total Hours	Rate	Amount	Credit Time
FORD 3/4 TON GAS PICKUP					10.0				10.0	13.53	135.30	
LINCOLN 225 WELDER					10.0				10.0	4.86	48.60	
BOBCAT 843 WITH BACKHOE					10.0				10.0	33.81	338.10	
GMC 3/4 TON DIESEL PICKUP					4.0				4.0	8.89	35.56	
						SUB-TOTAL					557.56	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogenschutz
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work					18			Total Hours	Rate	Amount	Credit Time
PATRICK McCUE	SUPERINTENDENT					2.0			2.0	35.00	70.00	
						2.0			2.0	35.33	70.66	
GORDON PENNER	FOREMAN					8.0			8.0	23.55	188.40	
						2.0			2.0	32.15	64.30	
ARVIL WRIGHT	LABORER					8.0			8.0	21.43	171.44	
							SUB-TOTAL				564.80	
										Total		

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
		Total			

Attach Original Bills for Materials and Freight

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Doyle
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

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FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work					18			Total Hours	Rate	Amount	Credit Time
GMC 3/4 TON DIESEL PICKUP						2.0			2.0	8.89	17.78	
LINCOLN 225 WELDER						10.0			10.0	4.86	48.60	
BOBCAT 843 WITH BACKHOE						10.0			10.0	33.81	338.10	
							SUB-TOTAL				404.48	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogart
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work MANPOWER FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD

NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	22						Total Hours	Rate	Amount	Credit Time
PATRICK Mc CUE	SUPERINTENDENT	2.0						2.0	35.00	70.00	
		2.0						2.0	35.33	70.66	
GORDON PENNER	FOREMAN	8.0						8.0	23.55	188.40	
		2.0						2.0	32.15	64.30	
ARVIL WRIGHT	LABORER	8.0						8.0	21.43	171.44	
							SUB-TOTAL			564.80	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.

Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight

Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bogard

Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____

MICHIGAN DEPARTMENT OF TRANSPORTATION

1101 (7/84)

FORCE ACCOUNT STATEMENT

This information required by MDOT in order to record charges on force account work performed.

FILE 104

C. S. ID. – Job No. _____

Fed. Item No. _____ Year _____ Route No. _____

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 191 ASHLAND

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 NOVI ROAD
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL

Date—Month of APRIL 1986

Name of Employee	Class of Work	22						Total Hours	Rate	Amount	Credit Time
BOBCAT 843 WITH BACKHOE		10.0						10.0	33.81	338.10	
LINCOLN 225 WELDER		10.0						10.0	4.86	48.60	
GMC 3/4 TON DIESEL PICKUP		2.0						2.0	8.89	17.78	
					SUB-TOTAL					404.48	

Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage. Total

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment

Attach Original Bills for Materials and Freight Total

I hereby certify that the above is a true and correct statement of labor performed and materials used in executing the work and that any materials taken from Contractor's stock represent actual cost paid for such materials. This work is covered by preliminary Authorization No. _____, Extra No. _____, dated _____

R. L. Bosely
Contractor

Checked by _____ Resident or Project Engineer

Approved by _____ District Engineer

Date _____