

Fox Creek Flood Control 1986

390 ASHLAND

MANPOWER EQUIPMENT MAT'L

6-3

23714

15666

6-23

9963

2030

May 27 thru Aug 1

33677

17696

Clay diking, no sheet piling



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. 390/392/386 ASHLAND

Length and Type of Work _____

To Accompany Recommendation No. _____ Date _____

Contractor _____

Address _____

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>JUNE</u> 19__						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
PAT McCUE		2					2	35.00	70.00		
GORDEN PENNER		8					8	23.55	188.40		
		1					1	35.32	35.32		
ARVIL WRIGHT		8					8	21.43	171.44		
		1					1	32.14	32.14		
CYUTHIA GREER		8					8	22.54	180.32		
		1					1	33.81	33.81		
SUB TOTAL									711.43	237.14	
SMC 3/4		2					2	8.89	17.78		
INGERSOLL 175 A.C.		6					6	15.86	95.16		
90 # BREAKER		6					6	2.31	13.86		
LINCOLN 225 WELDER		8					8	4.86	38.88		
BOBCAT 843 BACKHOE		9					9	33.81	304.29		
SUB TOTAL									469.97	156.66	
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				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 _____

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



FORCE ACCOUNT STATEMENT

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

C. S. ID. - Job No. _____

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

Fed. No. _____

Length and Type of Work EQUIPMENT FOR 390 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 <u>JUNE</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	23									
FORD ³ / ₄ TON GASOLINE PICKUP		1.5					1.5	13.53	20.30		
SUB-TOTAL										20.30	
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	

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