

# Fox Creek Flood Control 1986

392 ASHLAND

MANPOWER EQUIPMENT MAT'L

6-3

23714

15666

6-25

26564

9046

May 27 thru Aug 1

50278

24712

Clay diking, no sheet piling



### 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. 390/398/386 ASHLAND

Length and Type of Work \_\_\_\_\_

To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor \_\_\_\_\_  
Address \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of.....					19.....		Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work											
		3										
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		
CYLITHA GREER			8					8	22.54	180.32		
			1					1	33.81	33.81		
								SUB TOTAL		711.43	/ 3 = 237.14	
SMC 3/4			2					2	8.89	17.78		
WAGERSOLL 175 A.C			6					6	15.86	95.16		
90 # BREPKER			3					3	2.51	13.83		
LINCOLN 225 WELDER			8					8	4.86	38.88		
BOBCAT 843 BACKHOE			7					9	33.81	304.29		
								SUB TOTAL		722.97	/ 3 = 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 \_\_\_\_\_

Contractor \_\_\_\_\_

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ District Engineer \_\_\_\_\_ Date \_\_\_\_\_

Resident or Project Engineer District Engineer



**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 MANPOWER FOR 392 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										
GORDON PENNER	FOREMAN		25					4.0	23.55	94.20	
DON PULK	LABORER		4.0					4.0	21.43	85.72	
ARVIL WRIGHT	LABORER		4.0					4.0	21.43	85.72	
SUB-TOTAL										265.64	
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 \_\_\_\_\_

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.*

FILE 104

C. S. ID. - Job No. \_\_\_\_\_

Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_

Fed. No. \_\_\_\_\_

Length and Type of Work EQUIPMENT FOR 392 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								
FORD <sup>3</sup> / <sub>4</sub> TON GASOLINE PICKUP				<u>25</u>					
				<u>4.0</u>		<u>4.0</u>	<u>13.53</u>	<u>54.12</u>	
INGERSOLL 175 COMPRESSOR				<u>2.0</u>		<u>2.0</u>	<u>15.86</u>	<u>31.72</u>	
90 POUND BREAKER				<u>2.0</u>		<u>2.0</u>	<u>2.31</u>	<u>4.62</u>	
<u>SUB-TOTAL</u>								<u>90.46</u>	
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 \_\_\_\_\_