



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. 408 Year _____ Route No. _____

Fed. No. 418 ASHLAND

Contractor O'LAUGHLIN CONST CO.

Address _____

Length and Type of Work CONC FORM

To Accompany Recommendation No. _____ Date _____

PAYROLL AND EQUIPMENT RENTAL

Date—Month of AUGUST 19____

Name of Employee	Class of Work	Date—Month of <u>AUGUST</u> 19____							Total Hours	Rate	Amount	Credit Time
<u>AL MATTISON</u>									<u>8</u>	<u>24.75</u>	<u>198.00</u>	
<u>JERRY CHILDRESS</u>									<u>8</u>	<u>24.75</u>	<u>198.00</u>	
									<u>SUB TOTAL</u>		<u>396.00</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.											Total	<u>396.00</u>

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 _____



1101 (7/84)

FORCE ACCOUNT STATEMENT
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C. S. ID. – Job No. _____

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

Fed. No. 408 ASHLAND

Length and Type of Work FORM APRON, WALK DRIVE

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	27		Total Hours	Rate	Amount	Credit Time
AL MATTISON	LABORER	5		5	24.75	123.75	
JERRY CHILDRESS	LABORER	5		5	24.75	123.75	
ROY WASHINGTON	FOREMAN	5		5	26.54	132.70	
SUB TOTAL						380.20	
BOBCAT B43	LOADER	2		2	25.31	50.62	
CHEV P/U	DIESEL	5		5	8.89	44.45	
SUB TOTAL						95.07	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.						Total	<u>475.27</u>

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

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

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



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C. S. ID. - Job No. _____

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

Fed. No. 408 ASHLAND
 Length and Type of Work POUR CONC APRON, WALK, PARKING SLAB

To Accompany Recommendation No. _____ Date _____

Contractor O'KAUGHLIN CONST CO.
 Address _____

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>AUGUST</u> 19____						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
<u>AL MATTISON</u>				<u>28</u>			<u>2</u>	<u>24.75</u>	<u>49.50</u>		
<u>JERRY CHILDRESS</u>				<u>2</u>			<u>2</u>	<u>24.75</u>	<u>49.50</u>		
<u>ROY WASHINGTON</u>				<u>3</u>			<u>3</u>	<u>26.54</u>	<u>53.08</u>		
<u>CYNTHIA GREER</u>				<u>3</u>			<u>3</u>	<u>19.59</u>	<u>39.18</u>		
<u>LAVERN LENTZ</u>				<u>3</u>			<u>3</u>	<u>30.88</u>	<u>61.76</u>		
				<u>SUB TOTAL</u>					<u>253.02</u>		
<u>CHEV P/U DIESEL</u>				<u>3</u>			<u>3</u>	<u>8.89</u>	<u>26.67</u>		
				<u>SUB TOTAL</u>					<u>26.67</u>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									<u>Total</u>	<u>279.69</u>	

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



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C. S. ID. - Job No. _____

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

Fed. No. 408 ASHLAND

Length and Type of Work STRIP CONC FORMS

To Accompany Recommendation No. _____ Date _____

Contractor O'LAUGHLIN CONST CO
Address _____

PAYROLL AND EQUIPMENT RENTAL

Date—Month of SEPT 19____

Name of Employee	Class of Work	Date						Total Hours	Rate	Amount	Credit Time
ARVIL WRIGHT	LABORER	2						2	24.75	49.50	
CYNTHIA GREER	OPERATOR	2						2	19.59	39.18	
SUB TOTAL										88.68	
FORD P/U GAS		2						2	13.53	27.06	
SUB TOTAL										27.06	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	115.74	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

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

Fox Creek Flood Control 1986

408 Ashland MANPOWER EQUIPMENT MAT'L

8-26	396 00	—
27	380 20	95 07
8-28	253 02	26 67
9-2	88 68	27 06

Aug 18 - Sept 4 1117.90 148.38

see #414 site as-built dig

Sheet piling 5 feet

Concrete apron at sidewalk rebuilt

Damaged during site work at 414 Ashland

86-22-28
 STEEL SHEETING LOCATION
 # 414 ASHLAND
 4/24/86

400, 414
 ASHLAND

Form 220
 (Rev. 5/70)

J. DREWS P.C.
 Job Number

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