

## FORCE ACCOUNT STATEMENT

1101 (7/84)		ormation required by charges on force acco				F	ed. It	tem N	o	Ye	ar	Route	No
						1,	Fed. N	lo.					
Contractor OLA	FOGHTIM (	) ONSTRUCTION	Com	YUAG					-			PMENT	
	60 Novi					L	ength	and 7	Гуре of	Work 4	32	ASHLA	. M.D
		u 48050	)		_	Т	o Acc	ompa	ny Rec	ommendatio	n No.		)ate
PAYROLL	AND EQUIPM	ENT RENTAL	Date-	-Month of	=		Je	) NE		1986	1		
Name of E		Class of Work	121					1	Total Hours	D. t.	A	Limount	Credit Time
GMC 3/4 TON	DIESELT	ICKOP	2.0						2.0	8.89	1	7,78	
GMC Boo	M TRUCK		3.0		***********				3.0	59.29	17	7.87	
NGERSOLL	175 COMP	RESSOR	10.0						10.0	15.86	15	8,60	***************************************
			10.0	·· <i>·</i> ····· <b>···</b> ·····					10.0	2.31	Z	3.10	
INCOLN 2			6.0						6.0	4,86	2	9,16	********
BOBCAT 84	3 WITH B1	SKHOE	10.0		••••		10000-000	*******	10.0	3381	33	28.10	
								*********			P		***************************************
		***************************************			50	B -	Τοτ	ΔΙ			74	4.61	
							1.32.3		**********		kiinii		
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FXT-T79*****		**************************************											
							25	2./.	2	482	1.8	36,15	
						**********	الم المساوا	5 37	2	126		22 27	
		***************************************			44000	********	20	f	£	TOU	2	12,30	
*******************************	***************************************				************		25	0/1	)	490	18	6.15	
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	.,,					**********							***************************************
		*****							*********				
amiza of of Works	man'a Comp. Ol	d Ago Dansian Castal	l Samita	Ti									
Compensation, Pu	iblic Liability an	d Age Pension, Social d Property Damage.	Security,	Onempio	yment	,				Total			
ST	TATEMENT OF	BILLS FOR MATI	ERIALS A	AND FRI	EIGH	Г							
Date	Purch	ased from	$\neg$		I	tem		-		Amoun	Date of P		f Payment
***************************************				••••••			******	**********				• *************************************	*****
						********	**********	Comme	ancourer s			***************************************	
				***************************************		- ARREST	*********	**********		***************************************	*********	***************************************	
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·····		***************************************											•••••
						*********	**********						
				••••••								********	
tach Original Bills	for Materials an	d Freight						Т	otal				
I hereby certify	that the above is	a true and correct sta	tement of	labor neri	formed	and r	nateri	als use	d in eve	cuting the	vork e	nd that any	materials tal
m Contractor's sto	ck represent actu	al cost paid for such ma	aterials. T	his work i	s cover	ed by	prelim	inary	Authori	ization No.	· OIR (I		tra No
ted				-				-	/ ,	120	1	,,	
					-				- /	Confi	ractor		
ecked by			An	proved by								Date	

C. S. ID. - Job No. -



FORCE ACCOUNT STATEMENT
This information required by MDOT in order to

1101 (7/84) record charges on force account work performed.						]	Fed. Item No Year Route No								
								Fed. N	lo.						
Contractor_O	AUGHLIN (	ONSTRUCTION (	COMP	YM A'								SUPOWER			
Address 24460 Novi ROAD								Length and Type of Work 482 ASHLAND							
No	N, Michie	AN 4805	0_				1	Γο Acc	ompai	ny Reco	ommendatio	n No [	)ate		
PAYROL	Dat	Date—Month of				JUNE 1986				l I					
Name of	Employee	Class of Work	2							Total Hours	Rate	Amount	Credit Time		
PATRICK M	1° COE	SPERINTENDEN	2.0							2.0	35.00 52,50	***************************************			
GORDON PE	INNER	FOREMAN	8.0							8.0	13.55 35.31	188,40 70,64			
ARVIL WRI	GHT	LABORER	8.0							8.0	21.43	171,44 64,28	***************************************		
LEO KELI	-Y	OPERATOR	8.0 2.0	*********						8.0	26.96 40.44	2)5,68			
CAUTURS	GRIER	OPERATOR	8.0								22,54	180.32			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					50 	В∵.	То-	LAL	***********		146.64			
			2	5%	AL	_0.0	TA	ION	*********		•••••	286,66			
										•••••••					
						*********									
						······	**********								
Itemize % of Wor	rkmen's Comp., ( Public Liability	Old Age Pension, Social and Property Damage.	Securi	ty, Uı	nemplo	ymen	t				Total				
			_		_					T	TOTAL	1			
Date Purchased from Ite						item				Amount	t Date o	f Payment			
					*********										
		***************************************							*********						
					*********			************							
								•••••							
													***************************************		
ttach Original Bil										tal					
I hereby certify com Contractor's st	y that the above tock represent act	is a true and correct stat ual cost paid for such ma	tement terials.	of lab	or peri	formed	l and i	naterio prelim	als use	d in exe Authori	cuting the v		materials take		
ated							7	1.	1	1/3	ner	5			
hecked by				A	3. 7					/	Cont	ractor			
necked by	Resident or	Project Engineer		Appro	ved by			Г	District :	Engineer		Date			

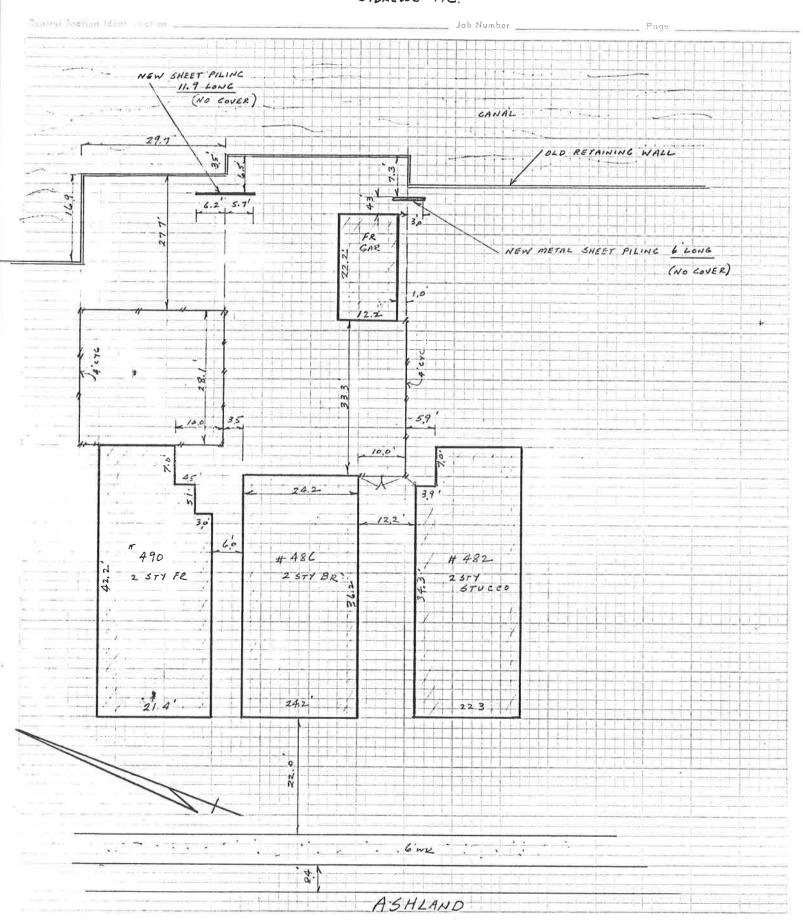
C. S. ID. - Job No.

## SHEET PILING LOCATION # 482-486- \* 490 ASHLAND 6/4/86

J. DREWS P.C.



Form 220 (Rev. 5 70)



For Creek Flood Control

482 ASHIAND	MANPOWER E	QUIPMENT N	1AT'L	
May 27 Ahru aug 1	286 66 286 66	186 15 186 15		
Sheet piling 3 fee	8			