



### 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 MOBILIZATION

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>MARCH</u> 19 <u>86</u>							Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	24										
PATRICK M'CUE	SUPERINTENDENT	8.0						8.0	35.00	280.00		
		2.0						2.0	37.50	75.00		
CARL PERKINS	OPERATOR	8.0						8.0	25.00	200.00		
PAT MCKEON	WAREHOUSE YARD	8.0						8.0	14.74	117.92		
JOE POLOWSKI	LABORER	8.0						8.0	21.43	171.44		
SUB-TOTAL										844.36		
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. [Signature]  
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 MOBILIZATION

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>MARCH</u> 19 <u>86</u>							Amount	Credit Time
Name of Employee	Class of Work	24						Total Hours		
GMC 3/4 TON DIESEL PICKUP		8.0						8.0	8.89	71.12
FORD F9000 TRACTOR		10.0						10.0	53.90	539.00
GROVE 40 TON CRANE		4.0						4.0	180.75	723.00
ROGERS 35T LO BOY		5.0						5.0	20.28	101.40
FROEHAUF - 40' FLAT TRAILER		8.0						8.0	20.28	162.24
FORD F700 STAKE DIESEL		8.0						8.0	25.87	206.96
SUB-TOTAL										1,803.72
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				Amount	Date of Payment
Date	Purchased from	Item			
Attach Original Bills for Materials and Freight				Total	

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R. F. Coyne  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



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C. S. ID. — Job No. \_\_\_\_\_

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

Fed. No. \_\_\_\_\_  
EQUIPMENT FOR DELIVERY OF  
Length and Type of Work STEEL SHEETING

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>MARCH</u> 19 <u>86</u>						Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate		
<u>FORD F9000 TRACTOR</u>						<u>7.0</u>	<u>53.90</u>	<u>377.30</u>	
<u>FRUEHAUF 40' FLAT TRAILER</u>						<u>7.0</u>	<u>20.28</u>	<u>141.96</u>	
							<u>SUB-TOTAL</u>	<u>519.26</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	

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*R. L. Boyd*  
Contractor

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

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

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

MANPOWER FOR DELIVERY OF  
Length and Type of Work STEEL SHEETING

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

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

PAYROLL AND EQUIPMENT RENTAL				Date-Month of				1986		Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate				
<u>JERRY SHUTE</u>	<u>WAREHOUSE YARD</u>					<u>7.0</u>	<u>34.34</u>	<u>240.38</u>			
							<u>SUB-TOTAL</u>		<u>240.38</u>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.											
									<b>Total</b>		

Date	Purchased from	Item	Amount	Date of Payment
			<b>Total</b>	

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. Bryant  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Resident or Project Engineer District Engineer






**FORCE ACCOUNT STATEMENT**  
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C. S. ID. - Job No. \_\_\_\_\_  
Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
Fed. No. \_\_\_\_\_  
Length and Type of Work EQUIPMENT FOR SHEETING DELIVERY  
To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate			
FORD F-700 STAKE TRUCK			2			5.0	25.87	129.35		
SUB-TOTAL									129.35	
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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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 MATERIAL DELIVERY  
To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work					5	Total Hours	Rate		
FORD F700 STAKE	TRUCK					2.0	2.0	25.87	51.74	
								SUB-TOTAL	51.74	

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	

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R. L. [Signature]  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Resident or Project Engineer District Engineer



1101 (7/84)

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FILE 104

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

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

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

Length and Type of Work MANPOWER FOR MATERIAL DELIVERY

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	Date					5	Total Hours	Rate	Amount	Credit Time
<u>JERRY SHUTE</u>	<u>WAREHOUSE YARD</u>						<u>2.0</u>	<u>34.34</u>	<u>68.68</u>		
<u>SUB-TOTAL</u>									<u>68.68</u>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									<u>Total</u>		

#### STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount		Date of Payment
Attach Original Bills for Materials and Freight			<u>Total</u>		

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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer Date \_\_\_\_\_





1101 (7/84)

**FORCE ACCOUNT STATEMENT**

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Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

FILE 104

C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. \_\_\_\_\_  
 Length and Type of Work EQUIPMENT FOR MATERIAL DELIVERY  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL			Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work		9				Total Hours	Rate			
FORD F700 DIESEL STAKE TRUCK			4.0				4.0	25.87	103.48		
<b>SUB-TOTAL</b>									<b>103.48</b>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									<b>Total</b>		

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

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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Resident or Project Engineer District Engineer



## FORCE ACCOUNT STATEMENT

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

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

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

Length and Type of Work MANPOWER FOR MATERIAL DELIVERY

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								Total Hours	Rate	Amount	Credit Time	
<u>PAT MCKEON</u>	<u>WAREHOUSE/YARD</u>			<u>9</u>						<u>4.0</u>	<u>14.74</u>	<u>58.96</u>	
										<u>SUB-TOTAL</u>		<u>58.96</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**

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

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R. L. Lopez  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



1101 (7/84)

### FORCE ACCOUNT STATEMENT

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FILE 104

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

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

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

CONTRACTOR RAINED OUT  
Length and Type of Work SHOWUP-TIME

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>APRIL</u> 19 <u>86</u>											Amount	Credit Time	
Name of Employee	Class of Work	Total Hours	Rate												
GORDON PENNER	FOREMAN	2.0	23.55											47.10	
ARVIL WRIGHT	LABORER	2.0	21.43											42.86	
				SUB-TOTAL										89.96	
<small>Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.</small>													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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 Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



**FORCE ACCOUNT STATEMENT**

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

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

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

Length and Type of Work EQUIPMENT FOR LOADING AND DELIVERY

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

Contractor O'LEUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						1986		Amount	Credit Time
Name of Employee	Class of Work	Total Hours	Rate								
FORD F700 STAKE TRUCK		6.0	25.87							155.22	
GROVE YARD CRANE		2.0	180.75							361.50	
SUB-TOTAL										516.72	
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
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. J. Bony*  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer Date \_\_\_\_\_



**FORCE ACCOUNT STATEMENT**

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

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

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

Length and Type of Work EQUIPMENT FOR CLEANUP

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>MAY</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	6									
FORD F9000 TRACTOR		3.0					3.0	53.90	161.70		
ROGERS LOW-BOY		3.0					3.0	20.28	60.84		
MF 44C LOADER		8.0					8.0	76.67	613.36		
<b>SUB-TOTAL</b>										<b>835.90</b>	
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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R. L. Roberts  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



**FORCE ACCOUNT STATEMENT**  
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FILE 104

C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. \_\_\_\_\_  
 Length and Type of Work MANPOWER FOR CLEANUP  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work	G					Total Hours	Rate			
JERRY SHUTE	WAREHOUSE/YARD	6.0					6.0	22.89	137.34		
SUB-TOTAL									137.34		
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. [Signature]*  
 Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



1101 (7/84)

### FORCE ACCOUNT STATEMENT

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FILE 104

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

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

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

Length and Type of Work MANPOWER FOR CLEANUP AND MOVE

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work				<u>8</u>					
<u>BRUCE ROSSO</u>	<u>OPERATOR</u>				<u>8.0</u>		<u>8.0</u>	<u>33.98</u>	<u>271.84</u>	
<u>JERRY SHUTE</u>	<u>WAREHOUSE/YARD</u>				<u>1.5</u>		<u>1.5</u>	<u>22.89</u>	<u>34.34</u>	
<u>SUB-TOTAL</u>									<u>306.18</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

MAY 1986

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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer Date \_\_\_\_\_



**FORCE ACCOUNT STATEMENT**

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FILE 104

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

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

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

Length and Type of Work EQUIPMENT FOR CLEANUP AND MOVE

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	8	Total Hours	Rate	Amount	Credit Time
MF 44C LOADER		8.0	8.0	76.67	613.36	
FORD F9000 TRACTOR		1.5	1.5	53.90	80.85	
ROGERS LOW-BOY		1.5	1.5	20.28	30.42	
<u>SUB-TOTAL</u>					<u>724.63</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**

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

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

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

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

Length and Type of Work MANPOWER FOR STREET CLEANUP

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	Total Hours	Rate	Amount	Credit Time
BRUCE ROSSO	OPERATOR	8.0	33.98	271.84	
SUB-TOTAL				271.84	
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. F. Bryant  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer 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 STREET CLEANUP  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				1986		Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate		
MF 44C LOADER			7			8.0	76.67	613.36	
SUB-TOTAL								613.36	
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. Boparty  
 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 REMOBILIZATION

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate		
ROY WASHINGTON	FOREMAN			3		8.0	26.54	212.32	
JERRY SHUTE	LABORER					8.0	24.08	192.64	
SUB-TOTAL								404.96	
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			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.*

FILE 104

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

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

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

Length and Type of Work EQUIPMENT FOR REMOBILIZATION

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>JULY</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
GMC BOOM TRUCK						3	4.0	4.0	41.27	165.08	
FORD F 9000 TRACTOR						8.0	8.0	8.0	53.90	431.20	
40'-HIGH FLAT TRAILER						8.0	8.0	8.0	20.28	162.24	
SUB-TOTAL										758.52	
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.*

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FILE 104

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. \_\_\_\_\_  
 Length and Type of Work MANPOWER FOR EQUIPMENT DELIVERY  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>JULY</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	8									
JERRY SHUTE	LABORER	3.0					3.0	24.08	72.24		
SUB-TOTAL										72.24	
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			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 \_\_\_\_\_ 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 EQUIPMENT DELIVERY

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>JULY</u> 19 <u>86</u>						Amount	Credit Time
Name of Employee	Class of Work	8				Total Hours	Rate		
FORD F9000 TRACTOR		3.0				3.0	53.90	161.70	
LO-BOY 35T TRAILER		3.0				3.0	20.28	60.84	
SUB-TOTAL								222.54	
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 MANPOWER FOR EQUIPMENT DELIVERY

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	Date	Day	Month	Year	Total Hours	Rate	Amount	Credit Time
JERRY SHUTE	LABORER	30				3.0	24.08	72.24	
SUB-TOTAL								72.24	
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 \_\_\_\_\_

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Contractor \_\_\_\_\_ 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.*

1101 (7/84)

FILE 104

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

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

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

Length and Type of Work EQUIPMENT FOR EQUIPMENT DELIVERY

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>JULY</u> <u>1986</u>						Amount	Credit Time
Name of Employee	Class of Work		9			Total Hours	Rate		
FORD F9000 TRACTOR			3.0			3.0	53.96	161.70	
LO-BOY 35T TRAILER			3.0			3.0	20.28	60.84	
<u>SUB-TOTAL</u>								<u>222.54</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 \_\_\_\_\_





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 EQUIPMENT DELIVERY

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	3.0	Total Hours	Rate	Amount	Credit Time
FORD F800 BOOM TRUCK				3.0	59.29	177.87	
SUB-TOTAL						177.87	
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
			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 \_\_\_\_\_

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.*

1101 (7/84)

FILE 104

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. \_\_\_\_\_  
 Length and Type of Work MANPOWER FOR EQUIPMENT DELIVERY  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work								
PAT MCKEON	LABORER			10	30	3.0	14.62	43.86	
SUB-TOTAL								43.86	

Date—Month of JULY 1986

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 \_\_\_\_\_



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 YARD FABRICATION

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY

Address 24460 Novi Road

Novi, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL			Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work						12	Total Hours	Rate		
EINO KORPI	LABORER						8.0	8.0	37.13	297.04	
ARNIL WRIGHT	LABORER						8.0	8.0	37.13	297.04	
							SUB-TOTAL			594.08	

Date—Month of JULY 1986

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				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.

FILE 104

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

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

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

Length and Type of Work EQUIPMENT FOR YARD FABRICATION

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of				19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate		
LINCOLN 225 WELDER						4.0	4.86	19.44	
SUB-TOTAL								19.44	
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			Amount	Date of Payment
Date	Purchased from	Item		
Attach Original Bills for Materials and Freight			Total	

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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 MANPOWER FOR EQUIPMENT DELIVERY  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work						Total Hours	Rate			
PAT MCKEON	LABORER		16				3.0	14.62	43.86		
SUB-TOTAL									43.86		
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			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.*

FILE 104

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

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

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

Length and Type of Work EQUIPMENT FOR EQUIPMENT DELIVERY

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>JULY</u> <u>1986</u>						Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate		
FORD F700 DUMP TRUCK						3.0	25.87	77.61	
SUB-TOTAL								77.61	
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 \_\_\_\_\_



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 EQUIPMENT DELIVERY

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work					Total Hours	Rate			
<u>PAT MCKEON</u>	<u>LABORER</u>				<u>17</u>					
					<u>3.0</u>			<u>14.62</u>	<u>43.86</u>	
<u>SUB-TOTAL</u>									<u>43.86</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 \_\_\_\_\_



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 GROUND STABILIZATION**

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

Contractor **O'LAUGHLIN CONSTRUCTION COMPANY**  
 Address **24460 NOVI ROAD**  
**NOVI, MICHIGAN 48050**

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work			17		Total Hours	Rate			
ROY WASHINGTON	FOREMAN			2.0		2.0	26.54	53.08		
DON PULK	LABORER			6.0		6.0	25.93	155.58		
SUB-TOTAL									208.66	
<small>Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.</small>									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 \_\_\_\_\_ Approved by \_\_\_\_\_ Contractor \_\_\_\_\_  
Resident or Project Engineer District Engineer 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 EQUIPMENT DELIVERY

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						Total Hours	Rate	Amount	Credit Time	
<u>TOYOTA 1/2 TON GAS PICKUP</u>					<u>17</u>			<u>3.0</u>	<u>12.45</u>	<u>37.35</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**

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.*

C. S. ID. - Job No. \_\_\_\_\_  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. \_\_\_\_\_  
 Length and Type of Work EQUIPMENT FOR GROUND STABILIZATION  
 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>JULY</u> 19 <u>86</u>						Amount	Credit Time	
Name of Employee	Class of Work					Total Hours	Rate			
FORD F700 DUMP TRUCK						6.0	25.87	155.22		
MF 440 LOADER						2.0	76.67	153.34		
SUB-TOTAL								308.56		
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				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 \_\_\_\_\_



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 MATERIAL DELIVERY

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>JULY</u> 19 <u>86</u>										Amount	Credit Time		
Name of Employee	Class of Work													Total Hours	Rate
<u>JERRY SAUTE</u>	<u>WAREHOUSE</u>											<u>3.0</u>	<u>24.08</u>	<u>72.24</u>	
<u>SUB-TOTAL</u>												<u>72.24</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 \_\_\_\_\_



**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 MATERIAL DELIVERY

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
FORD F700 DUMP TRUCK						3.0		3.0	25.87	77.61	
SUB-TOTAL										77.61	
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 \_\_\_\_\_



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 CORNER FABRICATION

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	Date—Month of							Total Hours	Rate	Amount	Credit Time
EINO KORPI	LABORER							19	8.0	37.13	297.04	
ARVIL WRIGHT	LABORER								8.0	37.13	297.04	
SUB-TOTAL											594.08	
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 \_\_\_\_\_

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Contractor \_\_\_\_\_ Date \_\_\_\_\_



1101 (7/84)

**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 CORNER FABRICATION

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>JULY</u> 19 <u>85</u>			Amount	Credit Time
Name of Employee	Class of Work				<u>19</u>	Total Hours	Rate				
<u>LINCOLN 225 WELDER</u>					<u>4.0</u>	<u>4.0</u>	<u>4.86</u>	<u>19.44</u>			
<u>SUB-TOTAL</u>									<u>19.44</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 \_\_\_\_\_ Approved by \_\_\_\_\_ Contractor \_\_\_\_\_  
 Resident or Project Engineer 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 PICKUP

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

Contractor O'LAUGHLIN CONST CO.  
Address \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>JULY</u> 19____					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work									
<u>DON PULK</u>			<u>30</u>			<u>6</u>	<u>25.93</u>	<u>155.58</u>		
								<u>155.58</u>		
<u>FORD F15 3/4T 8/4 GAS</u>						<u>6</u>	<u>13.53</u>	<u>81.18</u>		
								<u>81.18</u>		
								<b>Total</b>	<u>236.76</u>	

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

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 \_\_\_\_\_

[Signature]  
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 MOBILIZATION

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

Contractor \_\_\_\_\_

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>1</u>					
<u>DON PULK</u>	<u>LABORER</u>				<u>5</u>		<u>25.93</u>	<u>129.65</u>		
<u>JERRY SHUTE</u>	<u>TRUCK DRIVER</u>				<u>6</u>		<u>24.08</u>	<u>144.48</u>		
<u>SUB-TOTAL</u>									<u>274.13</u>	
<u>FORD F150 3/4T P/L GAS</u>					<u>5</u>		<u>13.53</u>	<u>67.65</u>		
<u>FORD F9000 TRACTOR</u>					<u>6</u>		<u>53.90</u>	<u>323.40</u>		
<u>DUMP TRAILER</u>					<u>6</u>		<u>20.28</u>	<u>121.68</u>		
<u>SUB TOTAL</u>									<u>512.73</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total	<u>786.86</u>	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
		<u>±20 YDS CLAY from LINCOLN PARK</u>		
		<u>EQUIPMENT from NOVI</u>		
			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. Lopez  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



STRAIGHT BILL OF LADING—SHORT FORM—Original—Not Negotiable

SHIPPER'S NO.

2606

CARRIER

CARRIER'S NO.

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

AT **New Haven, MI** **8-4** 19 **86** FROM **Shoreline Steel Supply Co.**

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns (Mail or street address of consignee—For purposes of notification only.)

CONSIGNEE TO **O'Laughlin Const. Co.**

DESTINATION STATE COUNTY

DELIVERY ADDRESS \* \* To be filled only when shipper desires and governing tariffs provide for delivery thereat.

ROUTE

DELIVERING CARRIER CAR OR VEHICLE INITIALS NO.

NO PKGS	KIND OF PACKAGE DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUB. TO CAR)	CLASS OR RATE	CK. COL.
30	PCS. 56A. S.S.P X 40 A4 1200 LF	20,280	#	
	WANTS WED. 30x40x1.5x3145=6210			
	Deliver to: Alter rd of Jefferson			

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, to be prepaid.

Received \$ \_\_\_\_\_ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

PER (The signature here acknowledges only the amount prepaid.)

*Ray A. [Signature]*

Charges Advanced \$

\*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_.

1. The above boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Uniform Freight Classification.  
2. Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

SHIPPER, PER

AGENT, PER

Permanent post-office address of shipper,

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)



# 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 MOBILIZATION

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	Date					Total Hours	Rate	Amount	Credit Time
<u>DON PULK</u>	<u>LABORER</u>	<u>4</u>					<u>4</u>	<u>25.93</u>	<u>103.72</u>	
<u>SUB-TOTAL</u>									<u>103.72</u>	

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

Total 103.72

### 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 \_\_\_\_\_

D.P. / R.L. Bonney  
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 CLAY DELIVERY

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

Contractor O'LAUGHLIN 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>JERRY SHUTE</u>	<u>DRIVER</u>	<u>3</u>					<u>3</u>	<u>24.08</u>	<u>72.24</u>		
									<u>72.24</u>		
										<u>SUB TOTAL</u>	
<u>FORD F9000 TRACTOR</u>		<u>3</u>					<u>3</u>	<u>53.90</u>	<u>161.70</u>		
<u>DUMP TRAILER</u>		<u>3</u>					<u>3</u>	<u>20.28</u>	<u>60.84</u>		
										<u>SUB-TOTAL</u>	
										<u>222.54</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	<u>294.78</u>	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
	<u>X</u>	<u>10 YDS CLAY</u>		

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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer  
Approved by \_\_\_\_\_ District Engineer  
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. MOBILIZATION

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

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

Contractor O'LAUGHLIN 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>DON PULK</u>	<u>LABORER</u>	<u>4</u>				<u>4</u>	<u>25.93</u>	<u>103.72</u>		
<u>JERRY SHUTE</u>	<u>DRIVER</u>	<u>3</u>				<u>3</u>	<u>24.08</u>	<u>72.24</u>		
<u>SUB TOTAL</u>									<u>175.96</u>	
<u>F150 GAS P/U</u>		<u>4</u>				<u>4</u>	<u>13.53</u>	<u>54.12</u>		
<u>F9000 TRACTOR</u>		<u>3</u>				<u>3</u>	<u>53.90</u>	<u>161.70</u>		
<u>LOW-BOY</u>		<u>3</u>				<u>3</u>	<u>20.28</u>	<u>60.84</u>		
<u>SUB - TOTAL</u>									<u>276.66</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								<b>Total</b>	<u>452.62</u>	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
	<u>Bobcat delivery</u>			
	<u>plywood "</u>			
<b>Attach Original Bills for Materials and Freight</b>			<b>Total</b>	

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[Signature]  
 Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer  
 Approved by \_\_\_\_\_ District Engineer  
 Date \_\_\_\_\_



### FORCE ACCOUNT STATEMENT

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

1101 (7/84)

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

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

Fed. No. YARD

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

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

Contractor O'LAUGHLIN 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>LEO KELLY</u>						<u>7</u>		<u>2</u>	<u>29.43</u>	<u>58.86</u>		
<u>DON PULK</u>						<u>6</u>		<u>6</u>	<u>25.93</u>	<u>155.58</u>		
<u>SUB-TOTAL</u>										<u>214.44</u>		
<u>GROVE RT740</u>						<u>2</u>		<u>2</u>	<u>181.00</u>	<u>362.00</u>		
<u>FORD F9000 TRACTOR</u>						<u>3</u>		<u>3</u>	<u>53.90</u>	<u>161.70</u>		
<u>FLAT BED</u>						<u>3</u>		<u>3</u>	<u>20.28</u>	<u>60.84</u>		
<u>SUB-TOTAL</u>										<u>584.54</u>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.										Total	<u>798.98</u>	

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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      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. FOX CREEK

Length and Type of Work yard

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

Contractor O'LAUGHLIN CONST CO.

Address \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>AUGUST</u> 19___												Amount	Credit Time		
Name of Employee	Class of Work	11														Total Hours	Rate
<u>DON PULK</u>	<u>LABORER</u>	<u>6</u>												<u>6</u>	<u>25.93</u>	<u>155.58</u>	
																<u>SUBTOTAL 155.58</u>	
<u>FORD F150</u>	<u>F/U GAS</u>	<u>3</u>												<u>3</u>	<u>13.53</u>	<u>40.59</u>	
																<u>SUB-TOTAL 40.59</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.														Total	<u>196.17</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 \_\_\_\_\_

*R. J. [Signature]*  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer 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 Mobilization

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	Total Hours	Rate	Amount	Credit Time
		<u>13</u>			
<u>JERRY SHUTE</u>	<u>DRIVER</u>	<u>3</u>	<u>24.08</u>	<u>72.24</u>	
<u>SUB - TOTAL</u>				<u>72.24</u>	
<u>FORD 9000 TRACTOR</u>		<u>3</u>	<u>53.90</u>	<u>161.76</u>	
<u>DUMP TRAILER</u>		<u>3</u>	<u>20.28</u>	<u>60.84</u>	
				<u>222.54</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.				Total	<u>294.78</u>

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount	Date of Payment
		<u>20 yds Clay delivered</u>		
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 \_\_\_\_\_

Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ District Engineer \_\_\_\_\_ Date \_\_\_\_\_  
Resident or Project 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. Mobilization

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

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

Contractor O'LAUGHLIN 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>LEO KELLY</u>	<u>OPERATOR</u>				<u>1.5</u>			<u>1.5</u>	<u>29.43</u>	<u>44.14</u>	
<u>JAMES LESURE</u>	<u>CARPENTER</u>				<u>1.5</u>			<u>1.5</u>	<u>33.12</u>	<u>49.68</u>	
<u>JERRY CHILDRESS</u>	<u>FOREMAN</u>				<u>1.5</u>			<u>1.5</u>	<u>24.75</u>	<u>49.50</u>	
<u>EINO KORPI</u>	<u>FOREMAN</u>				<u>5</u>			<u>5</u>	<u>24.75</u>	<u>123.75</u>	
<u>DON PULK</u>	<u>FOREMAN</u>				<u>2</u>			<u>2</u>	<u>25.93</u>	<u>51.86</u>	
					<u>SUB-TOTAL</u>					<u>318.93</u>	
<u>FORD F800 BOOM TRUCK</u>					<u>4</u>			<u>4</u>	<u>52.27</u>	<u>209.08</u>	
					<u>SUB-TOTAL</u>					<u>209.08</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	<u>528.01</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 \_\_\_\_\_

[Signature]  
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.

C. S. ID. - Job No. FOX CREEK FILE 104  
 Fed. Item No. \_\_\_\_\_ Year \_\_\_\_\_ Route No. \_\_\_\_\_  
 Fed. No. MOBILIZATION  
 Length and Type of Work \_\_\_\_\_  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN 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	1	2	3	4	5	6				
<u>DON PULK</u>	<u>LABORER</u>	<u>6</u>						<u>6</u>	<u>25.93</u>	<u>155.58</u>	
<u>JERRY SHUTE</u>	<u>DRIVER</u>	<u>5.5</u>						<u>5.5</u>	<u>24.08</u>	<u>132.44</u>	
								<u>SUB TOTAL</u>		<u>288.02</u>	
<u>MF44C LOADER</u>		<u>3</u>						<u>3</u>	<u>76.67</u>	<u>230.01</u>	
<u>BOBCAT 843 LOADER</u>		<u>2</u>						<u>2</u>	<u>28.31</u>	<u>56.62</u>	
<u>LOW-BOY</u>		<u>1.5</u>						<u>1.5</u>	<u>20.28</u>	<u>30.42</u>	
<u>FORD F9000 TRACTOR</u>		<u>1.5</u>						<u>1.5</u>	<u>53.90</u>	<u>80.85</u>	
								<u>SUB TOTAL</u>		<u>397.90</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									<b>Total</b>	<b>685.92</b>	

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

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. Mobilization

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

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

Contractor O'LAUGHLIN 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>DON PULK</u>	<u>LABORER</u>				<u>22</u>				
					<u>3</u>	<u>3</u>	<u>25.93</u>	<u>77.79</u>	
<u>EINO KORPI</u>	<u>LABOR FMN</u>				<u>1.5</u>	<u>OT</u>	<u>1.5</u>	<u>38.26</u>	<u>57.39</u>
<u>PAT MCKEON</u>	<u>LABORER</u>				<u>1.5</u>	<u>OT</u>	<u>1.5</u>	<u>28.24</u>	<u>42.36</u>
<u>SUB TOTAL</u>								<u>177.54</u>	
<u>FORD F800 BOOM TRUCK</u>					<u>3</u>		<u>3</u>	<u>59.29</u>	<u>177.87</u>
<u>SUB TOTAL</u>								<u>177.87</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total	<u>355.41</u>

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 \_\_\_\_\_ Approved by \_\_\_\_\_ Contractor \_\_\_\_\_ 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. Mobilization

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

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

Contractor O'LAUGHLIN 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>26</u>								
JERRY CHUTE	DRIVER	2				2	24.08	48.16		
		3				3	36.12	108.36		
PAT MCKEON	LABORER	4				4	18.83	75.32		
		3				3	28.24	84.72		
SUB TOTAL									316.56	
FORD F800 BOOM TRUCK		3				3	59.29	177.87		
LOW-BOY TRAILER		3				3	20.28	60.84		
FORD F9000 TRACTOR		3				3	53.90	161.70		
SUB TOTAL									400.41	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								Total	716.97	

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount	Date of Payment
		<u>remove plates</u>		
			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 \_\_\_\_\_

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Contractor \_\_\_\_\_ 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. MOBILIZATION  
 Length and Type of Work \_\_\_\_\_  
 To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN 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>JERRY SHUTE</u>				<u>28</u>		<u>3</u>	<u>24.08</u>	<u>72.24</u>	
				<u>3</u>		<u>3</u>	<u>53.90</u>	<u>161.70</u>	
				<u>3</u>		<u>3</u>	<u>20.28</u>	<u>60.84</u>	
				<u>SUB TOTAL</u>				<u>72.24</u>	
				<u>SUB TOTAL</u>				<u>222.54</u>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.								<u>Total</u>	<u>294.78</u>

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT			Amount	Date of Payment
Date	Purchased from	Item		
		<u>14 yards concrete</u>		
<u>Attach Original Bills for Materials and Freight</u>			<u>Total</u>	

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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. MOBILIZATION

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

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

Contractor \_\_\_\_\_

Address \_\_\_\_\_

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>SEPTEMBER</u> 19____						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
		<u>4</u>									
<u>DON PULK</u>	<u>LABORER</u>						<u>6</u>	<u>25.93</u>	<u>155.58</u>		
<u>PAT MC CUE</u>	<u>SUPER</u>						<u>2</u>	<u>35.00</u>	<u>70.00</u>		
							<u>SUB TOTAL</u>		<u>225.58</u>		
<u>GMC PU DIESEL</u>							<u>2</u>	<u>8.89</u>	<u>17.78</u>		
<u>FORD PU GAS</u>							<u>6</u>	<u>13.53</u>	<u>81.18</u>		
							<u>SUB TOTAL</u>		<u>98.96</u>		
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									<u>Total</u>	<u>324.54</u>	

STATEMENT OF BILLS FOR MATERIALS AND FREIGHT

Date	Purchased from	Item	Amount	Date of Payment
Attach Original Bills for Materials and Freight			<u>Total</u>	

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 \_\_\_\_\_

# Fox Creek Flood Control 1986

Mobilization	Manpower	Equipment	Mat'l	Misc
7-3	404.96	758.52		
7-8	72.24	222.54		
7-9	72.24	222.54		
10	43.86	177.87		
12	594.08	19.44		
16	43.86	77.61		
17	43.86	35.37		208.66
18	72.24	77.61		
19	594.08	19.44		
30	158.58	81.18		
8-1	274.13	512.73		
May 27 thru Aug 1	2374.13	2204.85		208.66
8-4	103.72	-		
8-5	72.24	222.54		
6	175.96	276.66		
7	214.44	584.54		
8	397.87	35.86		
	155.86	40.59		
	72.24	222.54		
8-4 thru 8-15	318.93	209.08	1511.26	1591.81
	288.02	397.90		
	177.54	177.87		
	316.56	400.41		
8-28	72.24	222.54		
9-4	225.58	98.96		
Aug 18 thru Sept 4	1080.00	1297.68		
TOTAL	7056.79	10392.50		

# Jox Creek Flood Control 1986

MOBILIZATION

LABOR

EQUIPMENT

3-24

84436

180372

29

24038

51926

4-2

7370

12935

5

6868

5174

9

5896

10348

21

8996

51672

5-6

13734

83590

7

27184

61336

8

30618

72463

March 24 thru May 16

209140

529316 (7389.56)



MANPOWER EQUIPMENT MATL MISC

31 days

May 27 thru Aug 1 46000 69 28385 14

Total billing 126,407.98

C of D-53-SH

DATE MAY 16, 1986

LABOR	2,091.40
EQUIPMENT	5,298.16

THE ABOVE NOTED ITEMS HAVE BEEN ALLOCATED TO THE INDIVIDUAL PROJECT LOCATIONS ON A PRO-RATA BASIS AS INDIRECT JOBSITE COSTS.



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# 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 AND MOVE

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>MAY</u> 19 <u>86</u>					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work									
MF 44C LOADER				8		8.0	76.67	613.36		
FORD F9000 TRACTOR				1.5		1.5	53.90	80.85		
ROGERS LOW-BOY				1.5		1.5	20.28	30.42		
<b>SUB-TOTAL</b>									<b>724.63</b>	
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			
<b>Total</b>					

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 \_\_\_\_\_

Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ 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 CLEANUP AND MOVE

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	8	Total Hours	Rate	Amount	Credit Time
BRUCE ROSSO	OPERATOR	8.0	8.0	33.98	271.84	
JERRY SHUTE	WAREHOUSE/YARD	1.5	1.5	22.89	34.34	
<u>SUB-TOTAL</u>					<u>306.18</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**

Date	Purchased from	Item	Amount	Date of Payment
<b>Attach Original Bills for Materials and Freight</b>			<b>Total</b>	

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. [Signature]  
Contractor



# 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 STREET CLEANUP

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	7	8.0	Total Hours	Rate	Amount	Credit Time
MF 44C LOADER				8.0	76.67	613.36	
<b>SUB-TOTAL</b>						<b>613.36</b>	

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
<b>Attach Original Bills for Materials and Freight</b>			<b>Total</b>		

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. J. Bogaty*  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_





# 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

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of						Total Hours	Rate	Amount	Credit Time	
Name of Employee	Class of Work	6										
FORD F9000 TRACTOR		3.0						3.0	53.90	161.70		
ROGERS LOW-BOY		3.0						3.0	20.28	60.84		
MF 44C LOADER		8.0						8.0	76.67	613.36		
<b>SUB-TOTAL</b>											<b>835.90</b>	
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. [Signature]*  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_

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 CLEANUP

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>MAY</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work										
JERRY SHUTE	WAREHOUSE/YARD	6.0					6.0	22.89	137.34		
SUB-TOTAL										137.34	
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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ 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 LOADING AND DELIVERY

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>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	28									
FORD F700 STAKE TRUCK		6.0					6.0	25.87	155.22		
GROVE YARD CRANE		2.0					2.0	180.75	361.50		
SUB-TOTAL									516.72		
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			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. Boyer  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_



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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. \_\_\_\_\_

CONTRACTOR RAINED OUT

Length and Type of Work SHOWUP-TIME

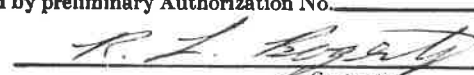
To Accompany Recommendation No. \_\_\_\_\_ Date \_\_\_\_\_

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of <u>APRIL</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time	
Name of Employee	Class of Work	21										
<u>GORDON PENNER</u>	<u>FOREMAN</u>	<u>2.0</u>						<u>2.0</u>	<u>23.55</u>	<u>47.10</u>		
<u>ARVIL WRIGHT</u>	<u>LABORER</u>	<u>2.0</u>						<u>2.0</u>	<u>21.43</u>	<u>42.86</u>		
<u>SUB-TOTAL</u>											<u>89.96</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 \_\_\_\_\_

  
 Contractor



**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 MATERIAL DELIVERY

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	Date—Month of				Total Hours	Rate	Amount	Credit Time
FORD F700 DIESEL STAKE TRUCK			9			4.0	25.87	103.48	
SUB-TOTAL								103.48	
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. [Signature]  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer  
 Approved by \_\_\_\_\_ District Engineer  
 Date \_\_\_\_\_



**COPY**  
**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 MATERIAL DELIVERY

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	Date	Month	Day	Hour	Rate	Total Hours	Rate	Amount	Credit Time
PAT MCKEON	WAREHOUSE YARD				4.0		4.0	14.74	58.96	
SUB-TOTAL									58.96	
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. Lopez  
 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 MATERIAL DELIVERY

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						5	Total Hours	Rate	Amount	Credit Time
FORD F 700 STAKE	TRUCK						2.0	2.0	25.87	51.74	
SUB-TOTAL										51.74	
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 \_\_\_\_\_

R. L. [Signature]  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer      Approved by \_\_\_\_\_ District Engineer      Date \_\_\_\_\_



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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					1986		Amount	Credit Time
Name of Employee	Class of Work					5	Total Hours	Rate		
JERRY SHUTE	WAREHOUSE/YARD					2.0	2.0	34.34	68.68	
SUB-TOTAL									68.68	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.									Total	

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. Sparty*  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer 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 SHEETING DELIVERY  
 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>APRIL</u> 19 <u>86</u>							Amount	Credit Time	
Name of Employee	Class of Work							Total Hours			Rate
FORD F-700 STAKE TRUCK				2				5.0	25.87	129.35	
SUB-TOTAL										129.35	

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. Boyatz*  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ District Engineer Date \_\_\_\_\_  
Resident or Project 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 SHEETING DELIVERY

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	2	5.0	5.0	14.74	73.70	Total Hours	Rate	Amount	Credit Time
PAT MCKEON	WAREHOUSE YARD		5.0	5.0	14.74	73.70				
SUB-TOTAL						73.70				
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. Bryant  
Contractor

Checked by \_\_\_\_\_ Resident or Project Engineer Approved by \_\_\_\_\_ District Engineer Date \_\_\_\_\_





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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. \_\_\_\_\_  
**EQUIPMENT FOR DELIVERY OF**  
 Length and Type of Work **STEEL SHEETING**

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	Date	29	Total Hours	Rate	Amount	Credit Time
FORD F9000 TRACTOR			7.0	7.0	53.90	377.30	
FRUEHAUF 40' FLAT TRAILER			7.0	7.0	20.28	141.96	
<b>SUB-TOTAL</b>						<b>519.26</b>	
Itemize % of Workmen's Comp., Old Age Pension, Social Security, Unemployment Compensation, Public Liability and Property Damage.						<b>Total</b>	

**STATEMENT OF BILLS FOR MATERIALS AND FREIGHT**

Date	Purchased from	Item	Amount	Date of Payment
Attach Original Bills for Materials and Freight			<b>Total</b>	

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 \_\_\_\_\_



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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. \_\_\_\_\_  
MANPOWER FOR DELIVERY OF \_\_\_\_\_

Length and Type of Work STEEL SHEETING

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

Contractor CLAUGHLIN CONSTRUCTION COMPANY  
Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					19 <u>86</u>		Amount	Credit Time
Name of Employee	Class of Work				29	Total Hours	Rate			
<u>JERRY SHUTE</u>	<u>WAREHOUSE YARD</u>				7.0	7.0	34.34	240.38		
					<u>SUB-TOTAL</u>			<u>240.38</u>		
								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			Amount	Date of Payment
Date	Purchased from	Item		
			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. Bryant  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_



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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 MOBILIZATION

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>MARCH</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	24									
PATRICK M'GUE	SUPERINTENDENT	8.0					8.0	35.00	280.00		
		2.0					2.0	37.50	75.00		
CARL PERKINS	OPERATOR	8.0					8.0	25.00	200.00		
PAT MCKEON	WAREHOUSE/YARD	8.0					8.0	14.74	117.92		
JOE POLOWSKI	LABORER	8.0					8.0	21.43	171.44		
SUB-TOTAL									844.36		
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. I. Kopy  
Contractor



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 MOBILIZATION


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>MARCH</u> 19 <u>86</u>						Total Hours	Rate	Amount	Credit Time	
Name of Employee	Class of Work	24										
GMC <sup>3</sup> 4 TON DIESEL PICKUP	PICKUP	8.0						8.0	8.89	71.12		
FORD F9000 TRACTOR	TRACTOR	10.0						10.0	53.90	539.00		
GROVE 40 TON CRANE	CRANE	4.0						4.0	180.75	723.00		
ROGERS 35T LO BOY	LO BOY	5.0						5.0	20.28	101.40		
FRUEHAUF - 40' FLAT TRAILER	FLAT TRAILER	8.0						8.0	20.28	162.24		
FORD F700 STAKE DIESEL	STAKE DIESEL	8.0						8.0	25.87	206.96		
SUB-TOTAL											1,803.72	
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				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 \_\_\_\_\_



**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. \_\_\_\_\_  
 MANPOWER FOR 191,552 ASHLAND  
 14670 KLENK (14705)  
 Length and Type of Work 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						Total	Rate	Amount	Credit
Name of Employee	Class of Work	12					Hours			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		
ARNIL 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		

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. [Signature]*  
 Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_



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. \_\_\_\_\_  
 EQUIPMENT FOR 191, 552 ASHLAND

~~14670~~ KLENK  
 Length and Type of Work 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 <u>MAY</u> 19 <u>86</u>							Total Hours	Rate	Amount	Credit Time	
Name of Employee	Class of Work	12											
<u>BOBCAT 843 WITH BACKHOE</u>	<u>BACKHOE</u>	<u>10.0</u>						<u>10.0</u>	<u>33.81</u>	<u>338.10</u>			
<u>FORD 3/4 TON GAS PICKUP</u>	<u>PICKUP</u>	<u>10.0</u>						<u>10.0</u>	<u>13.53</u>	<u>135.30</u>			
<u>LINCOLN 225 WELDER</u>	<u>WELDER</u>	<u>10.0</u>						<u>10.0</u>	<u>4.86</u>	<u>48.60</u>			
<u>GMC 3/4 TON DIESEL PICKUP</u>	<u>PICKUP</u>	<u>2.0</u>						<u>2.0</u>	<u>8.89</u>	<u>17.78</u>			
<u>FORD F700 DUMP</u>	<u>DUMP</u>	<u>4.0</u>						<u>4.0</u>	<u>25.87</u>	<u>103.48</u>			
<u>SUB-TOTAL</u>											<u>643.26</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

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 \_\_\_\_\_



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. \_\_\_\_\_  
**MANPOWER FOR 191 ASHLAND, 414 ASHLAND**  
 Length and Type of Work \_\_\_\_\_

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

Contractor O'LAUGHLIN CONSTRUCTION COMPANY  
 Address 24460 NOVI ROAD  
NOVI, MICHIGAN 48050

PAYROLL AND EQUIPMENT RENTAL		Date—Month of					Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	13								
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		
<b>SUB-TOTAL</b>									<b>669.12</b>	
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. Boppre*  
Contractor

Checked by \_\_\_\_\_ Approved by \_\_\_\_\_ 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. \_\_\_\_\_

**EQUIPMENT FOR 191, 414**

Length and Type of Work **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							Total Hours	Rate	Amount	Credit Time
Name of Employee	Class of Work	1	2	3	4	5	6					
		MAY										
		1986										
BOBCAT 843 WITH BACKHOE		8.0							33.81	270.48		
FORD 3/4 TON GAS PICKUP		8.0							13.53	108.24		
GMC 3/4 TON DIESEL PICKUP		2.0							8.89	17.78		
FORD F 700 DUMP		4.0							25.87	103.48		
<b>SUB-TOTAL</b>										<b>499.98</b>		

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		
			<b>Total</b>	

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 \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Contractor: **[Signature]**