

ARIZONA DEPARTMENT OF TRANSPORTATION

Force Account Daily Report

Tracs #: _____ Project #: _____ Contractor Name: _____ Date: _____

FA #: _____ Report #: _____ Shift Start/End: _____ Diary Ref: _____ Page: ____ of ____

Description of Work

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Labor on Job

Name	Classification	Hours	Shift		Sub/Prime
			Start	Stop	

Equipment Used on Job

Equip #	Make	Model	Type	G/D	Capacity	Hours		Rental
						R	SB	

Materials Used on Job or Purchased Services

Description/Supplier	Quantity	Comments

All overtime must be approved in advance by the project supervisor.
Overtime is based on a 40 hour work week.

Contractor Authorized Signature

ADOT Authorized Signature