COLORADO DEPARTMENT OF TRANSPORTATION

INSPECTOR'S REPORT FOR FORCE ACCOUNT WORK

Project No.:
Project Code (SA#):
CMO or F/A No.:

Contractor's Name:
Subcontractor's Name:
Description of Work:

LABOR Employee Name	Date:	/ /		/ /		/ /		/ /		/ /		Total Hours	
	Occupation	Hours											
		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT

The hours shown here were checked against the certified payrolls.	Checked By:	Date: / /

EQUIPMENT Code No.	Shift		Rate	Hours					Total Hours
	1st	SB							

MATERIAL Type	Unit	Number of Units					Total Units
Note: A Certified Invoice for Materials is required as part of billing.							
Contractor/Subcontractor Initials		/	/	/	/	/	

Billing procedures shall conform to applicable project specifications.	
I certify that this is a correct record of employee & equipment hours and material units on the above project as authorized by the above modification order or agreement.	
Signed:	Title:

Distribution: Region Finals Engineer (original)
Project File
Contractor

CDOT Form 10 07/02

Previous editions may be used until supplies exhausted