

CS-4347 (8-16)



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.penndot.gov

FORCE ACCOUNT DAILY SIGN-OFF

DATE: _____
 ECSMS NO.: _____ SR/SECT.: _____
 ITEM NO.: _____ AUTH NO.: _____
 CONTRACTOR: _____
 SUBCONTRACTOR: _____
 INSPECTOR: _____
 ACTUAL LOCATIONS: _____

8-HOUR SHIFT: YES NO

DESCRIPTION OF OPERATION: _____

LABOR

NAME	CLASSIFICATION	INDIVIDUAL ID NO.	HOURS
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT

OWNED EQUIPMENT - HOURLY

EQUIPMENT TYPE	CONFIGURATION	YEAR	MAKE	MODEL	HOURS
					OP
					SB
					OP
					SB
					OP
					SB
					OP
					SB

OWNED EQUIPMENT-DAILY

EQUIPMENT TYPE	CONFIGURATION	YEAR	MAKE	MODEL	DAYS

CS-4347 (8-16)



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.penndot.gov

FORCE ACCOUNT DAILY SIGN-OFF

DATE: _____
 ECSMS NO.: _____ SR/SECT.: _____
 ITEM NO.: _____ AUTH NO.: _____
 CONTRACTOR: _____
 SUBCONTRACTOR: _____
 INSPECTOR: _____
 ACTUAL LOCATIONS: _____

RENTED EQUIPMENT

EQUIPMENT TYPE	DESCRIPTION	YEAR	MAKE	MODEL	HOURS
					OP
					OP
					OP

MATERIAL

MATERIAL DESCRIPTION	UOM	QUANTITY	MATERIAL DESCRIPTION	UOM	QUANTITY

CONSUMABLES

DESCRIPTION	UOM	QUANTITY	% USED	COMMENT

SERVICE BY OTHERS

SERVICE PROVIDER NAME	SERVICE DESCRIPTION	HOURS

CONTRACTOR REPRESENTATIVE		DEPARTMENT REPRESENTATIVE	
ACCEPTED: <input type="checkbox"/>	ACCEPTED W/ COMMENT: <input type="checkbox"/>	ACCEPTED: <input type="checkbox"/>	ACCEPTED W/ COMMENT: <input type="checkbox"/>
NAME		NAME	
SIGNATURE	DATE	SIGNATURE	DATE

COMMENTS:	
------------------	--