



STATE OF ALASKA

**Department of:
Transportation and Public Facilities**

Daily Report – Labor, Equipment, and Materials for Time and Materials Work

Change Order No.: _____
Project No.: _____

Project Name: _____ Date of Work: _____
 Location and Description of Work: _____

LABOR				
Employee Name	Job Classification	Actual Work Performed	Hours	
			Regular	Overtime

EQUIPMENT				MATERIALS	
Description: Make, Model, Year Capacity/Size, Required Attachments	Hours			Description	Quantity
	Reg.	O.T.	Stdby		

NARRATIVE OF OPERATIONS:

Notes: 1. Invoices must accompany original report. 2. Indicate work done by subcontractors.
 The undersigned hereby agree that the above is a true and correct statement of labor, equipment, and materials used this date in executing the work described.