Mn/DOT TP-21659 (1-93)

STATE OF MINNESOTA – DEPARTMENT OF TRANSPORTATION
SUMMARY OF DAILY FORCE ACCOUNT

SUPPLEMENTAL AGREEMENT No._____ / WORK ORDER No._____ Sheet ___of___

S.P.No._____ Fed Proj. No._____ Contract No._____ Contractor/Sub. _____

For Period from_____19__to_____19__ Sta._____to Sta._____ Engineer _____

LABOR					MATERIAL				EQUIPMENT RENTAL				
# of Men	Position Title	Hours	Pay Rate	Amount	No.	Kind of Material	Rate	Amount	No.	Description	Total Hours	Rate	Amount
					SUB–TOTAL								
Total Overtime					PLUS _____%								
SUB–TOTAL (Taxable Wage)					**TOTAL OF MATERIAL**								
PLUS_____% of Taxable Wage					1904(7) SPECIALTY CONTRACTOR								
SUB–TOTAL					Invoice Cost Specialty Contractor				SUB–TOTAL				
Other Labor–related costs chargeable					(A) $_____ @ 5% =				PLUS _____%				
to This Supplemental Agreement/ Work Order					(B) $_____ @ 2% =				**TOTAL OF EQUIPMENT**				
Health and Welfare					**TOTAL SPECIALTY CONTR.**				COMPUTATION OF PRIME CONTRACTOR				
Pension Fund					1904(4) MISC. COMPENSATION				ALLOWANCE				
Other Fringe Benefits					Type: i.e. dump fees, permits, etc.				(A) $_____ @ _____% =				
Travel									(B) $_____ @ _____% =				
Subsistence									**TOTAL ALLOWANCE (A+B)**				
TOTAL OF LABOR					**TOTAL MISC. COMP.**								
									GRAND TOTAL				

Send original and two copies to Central Office with Final Estimate.
All copies must be signed by the Engineer, and the Contractor or their Authorized Agent.

Note: When material is billed on this sheet, receipted invoices must accompany same.

See Const. Manual 5–591.484 for instructions in preparation.

The above report includes only items chargeable to Supplemental Agreement No._____ /Work Order No. _____

Engineer_____ Contractor_____

By_____