

MINNESOTA DEPARTMENT OF TRANSPORTATION DAILY EQUIPMENT - LABOR RENTAL RECORD

Date _____
 Shift No. _____
 S.P. No. _____
 Contractor _____

Supplemental Agreement/Work Order # _____
 Time _____ to _____ Hours _____
 Contract No. _____ Engineer _____
 Subcontractor _____

Equipment		Labor	Regular	Overtime	Remarks
Description	Unit #	Employee and Position	Hours	Hours	List Materials used here

Signature for Contractor

Signature for Department of Transportation

This form to be used only for pay items authorized by the Contract, Supplemental Agreement, or Work Order.

Keep Original in Project File
 Give Copy to Contractor