CHECKED BY: DATE:

CONTRACTOR PERFORMING WORK:

CON-9 REV. 6/05
(302-06-0169)
STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF ENGINEERING & HIGHWAY OPERATIONS

DAILY REPORT OF COST PLUS

DATE OF WORK:

REPORT NO.

FEDERAL AID NO:

PROJECT NO.

DESCRIPTION OF WORK:

Select only one payment type:

- ☐ Scope Estimate
- ☐ Progress (progress payment = 90% of Total)
- ☐ Final

CONSTRUCTION ORDER

ITEM NO.

LABOR

	Class	No.	Total Hours	Rate	Amount
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
1	Total Labor				$0.00
2	Health Welfare and Pension				0.00
					0.00
					0.00
					0.00
					0.00
3	Ins. and Taxes on Item 1				$0.00
4	0.00%	of (Items 1 + 2 + 3)			$0.00
5	Total (Items 1 thru 4)				$0.00

MATERIAL

Description	Quantity	Unit Price	Amount
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
Total			$0.00
Less Discounts (enter as negative)			
Total			$0.00
Additional	0.00%		$0.00
Total Material:			$0.00

EQUIPMENT

Size and Class	Idle (I) or Active (A)	No.	Total Hours	Rate	Amount
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
Total Equipment:					$0.00

Inspector: Date:

Contractor's Representative: Date:

Daily Total : $0.00

Total to Date $0.00

ORIGINAL TO PROJECT RECORDS. COPIES TO CONTRACTOR AND DISTRICT FILE.