

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

MI Project #: \_\_\_\_\_ Contractor: \_\_\_\_\_

Total contract completion time: \_\_\_\_\_

**To be forwarded to the Contractor for their records on a minimum of a bi-weekly basis.**

Date	Hours	Accum. Hours	Resident Inspector Full Name	Contractor Site Rep. Signature	Station, Quantity of Material Installed, Force Account Performed, etc. Additional details on Form 18.