

JOB #: 285

DATE: _____ **COMPLETED BY:** _____

CUSTOMER/CONTRACTOR: Smith Construction

PROJECT NAME/LOCATION: Health Care Center 3 - Chester Ave between 42nd and 43rd

CUSTOMER SIGNATURE FOR T&M ONLY: _____

[illegible][illegible][illegible]

CODE /	Customer: Smith Construction	
Line Item	JOB: Health Center 3	Job #0285
	Scope of work	
285.1	SIDEWALK	
285.2	ADA ENTRANCE	