



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.penndot.gov

FORCE ACCOUNT DAILY SIGN-OFF

DATE: _____
ECMS NO.: _____ SR/SECT.: _____
ITEM NO.: _____ AUTH NO.: _____
CONTRACTOR: _____
SUBCONTRACTOR: _____
INSPECTOR: _____
ACTUAL LOCATIONS: _____

8-HOUR SHIFT: ☐ YES ☐ NO

DESCRIPTION OF OPERATION: _____

LABOR

NAME	CLASSIFICATION	INDIVIDUAL ID NO.	HOURS
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT
			ST
			OT

OWNED EQUIPMENT - HOURLY

EQUIPMENT TYPE	CONFIGURATION	YEAR	MAKE	MODEL	HOURS
					OP
					SB
					OP
					SB
					OP
					SB
					OP
					SB

OWNED EQUIPMENT-DAILY

EQUIPMENT TYPE	CONFIGURATION	YEAR	MAKE	MODEL	DAYS