

DAILY OWNED EQUIPMENT BREAKDOWN

COUNTY _____

SR _____ SEC _____

WO # _____ CONTRACT # _____

ITEM # _____

		USE DATES (MONTH / DAY)												
OWNED EQUIPMENT DESCRIPTION**	HRS*													TOTAL
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**Owned Equipment Description is to include equipment type, configuration, make, and model.

*If equipment is being paid hourly, the usage time entered is to be the number of hours. If equipment is being paid daily, the usage time entered is to be the number of days.