

CS-4347 (8-18)



**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: \_\_\_\_\_

## RENTED EQUIPMENT

EQUIPMENT TYPE	DESCRIPTION	YEAR	MAKE	MODEL	HOURS	
					OP	
					OP	
					OP	

## MATERIAL

MATERIAL DESCRIPTION	UOM	QUANTITY	MATERIAL DESCRIPTION	UOM	QUANTITY

## CONSUMABLES

DESCRIPTION	UOM	QUANTITY	% USED	COMMENT

## SERVICE BY OTHERS

SERVICE PROVIDER NAME	SERVICE DESCRIPTION	HOURS

CONTRACTOR REPRESENTATIVE		DEPARTMENT REPRESENTATIVE	
ACCEPTED: <input type="checkbox"/>	ACCEPTED W/ COMMENT: <input type="checkbox"/>	ACCEPTED: <input type="checkbox"/>	ACCEPTED W/ COMMENT: <input type="checkbox"/>
SIGNATURE	DATE	SIGNATURE	DATE

COMMENTS: