

FORCE ACCOUNT LABOR SUMMARY RECORD

1. APPLICANT (DEPT/DIV)	2. PA ID	3. PW #		4. DISASTER NUMBER
5. LOCATION/SITE:	6. CATEGORY			7. PERIOD COVERING

8. DESCRIPTION OF WORK PERFORMED

	DATES AND HOURS WORKED EACH WEEK								TOTAL HOURS	SR RATE	BENEFIT RATE/HR	HOURLY RATE	TOTAL HOURLY	TOTAL COSTS
	DATE													
NAME	REG.													
JOB TITLE	O.T													
NAME	REG.													
JOB TITLE	O.T													
NAME	REG.													
JOB TITLE	O.T													
NAME	REG.													
JOB TITLE	O.T													
NAME	REG.													
JOB TITLE	O.T													
									TOTAL REGULAR TIME					
									TOTAL OVERTIME					

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE		
------------------	--------------	-------------	--	--