TOWN	STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION **DAILY LABOR AND WORK RECORD** **FOR TEST PITS**	
FEDERAL PROJECT NO.		REQ #
STATE PROJECT NO.		P.O. # / CONTRACTOR
DATES		CBYD#

LABOR EMPLOYED				EQUIPMENT USED			MATERIALS AND SUPPLIES USED			REMARKS
DATES	CLASSIFICATION	NO.	Total Hours	KIND (SIZE OF CAPACITY)	NO.	Total Hours	ITEM	QTY	UNIT	DESCRIPTION AND LOCATION

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE ACCOUNT HEREIN SHOWN IS AN ACCURATE STATEMENT OF THE LABOR AND EQUIPMENT EMPLOYED AND THE MATERIALS USED IN THE CONSTRUCTION WORK IDENTIFIED BY THE HEADING ON THIS SHEET.

SIGNED:

FOR UTILITY	TITLE	DATE	FOR DEPT. OF TRANSPORTATION	TITLE	DATE

COPY 1 - FINANCIAL SERVICES | COPY 2 - UTILITY COMPANY | COPY 3 - DISTRICT OFFICE | COPY 4 - INSPECTOR | COPY 5 - UTILITY REPRESENTATIVE