STATEMENT OF DAILY FORCE ACCOUNT WORK

North Dakota Department of Transportation, Construction

SFN 14462 (Rev. 10-2008)

Project Number		Date
Contractor	Subcontractor	Force Account Number
Description		

Employee's Name	Classification Number	Hours Worked		Rates	Amount	Pension, Health & Welfare Rates	Pension, Health & Welfare Amount
		ST					
		OT					
		ST					
		OT					
		ST					
		OT					
		ST					
		OT					
		ST					
		OT					
		ST					
		OT					
			Subtotal: a.			b.	
						Total (a + b):	

Material	Quantity	Unit	Unit Price	Amount
			Subtotal:	
			Sales Tax:	
			Total:	

Equipment and Rated Capacity	Hours Worked	Rental Rate	Amount
		Total:	

Inspector

Approved by Contractor