FORM FHWA 17-348 (9/2016)

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION Western
Federal Lands Highway Division
610 E. 5th St. Vancouver, Washington 98661

FP-14 - 109.01

Date Stamp

Copy Stamp

Project Name: _____

Project Number: _____

Line Item Number: _____

Pay Item Number: _____

Item Description: _____

Date work Performed: _____

Daily Record Of Miscellaneous Items*

Locations and Calculations:

Truck Number _____

Time Of Load Placement	Start Station	Stop Station	For Payment	Total Water Placed
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Attach additional sheets if necessary.*

Measured Quantity:	0	

Name of person measuring work: _____

☐ Interim Measurement ☐ Final Measurement

I certify the above measurements and calculations are correct and the total quantity is subject to direct payment for the item identified.

_____
Contractor Representative

FHWA Use Only	
Verified By:	
PE, Inspector, CPE, CI	_____
Approved	Entered To Record
	Checked By: _____
FHWA Representative	Date:

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