PA CDBG-DR BUYOUT PROGRAM

FORCE ACCOUNT ACTIVITY WORKSHEET LABOR, EQUIPMENT, AND MATERIAL

NO:		APPLICANT:		WORK DESCRIPTION:	
CATEGORY:		WORK LOCATION:		WORK DATE:	

LABOR	EQUIPMENT

EMPLOYEE NAME	PT *	REGULAR HOURS # (a)	REGULAR HOURS PAY RATE (b)	OVERTIME HOURS # (c)	OVERTIME HOURS PAY RATE (d)	FRINGE BENEFIT PERCENT RT% (e)	FRINGE BENEFIT PERCENT OT % (f)	TOTAL LABOR COST (g)	EQUIPMENT TYPE MAKE	EQUIPMENT TYPE MODEL	EQUIPMENT TYPE CAPACITY	HOURS OR MILES (h)	RATE ** (j)	TOTAL COST (h x j)

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NO:		APPLICANT:		WORK DESCRIPTION:	
CATEGORY:		WORK LOCATION:		WORK DATE:	

MATERIALS

DESCRIPTION	QUANTITY	UNIT OF MEASURE	UNIT PRICE $	COST $	CHECK #

LABOR TOTAL $ _____

EQUIPMENT TOTAL $ _____

MATERIALS TOTAL $ _____

GRAND TOTAL $ _____