DEPARTMENT OF TRANSPORTATION
DIVISION OF CONSTRUCTION
INSPECTORS REPORT

Report No._____

Project No._____ County _____

Contractor or Sub Contractor _____

Date(s) Work Accomplished _____

( ) Estimate Only ( ) See Qty Book No._____ Page _____

( ) Source Document ( ) See Back or Attachment

L.I.N. _____ Item No. _____ , _____

(Lineal Measure)

Location	Station to Staion or Number & Length Ea.		Lin. Ft.	Remarks
		Total	L.F.	Miles

Material Source _____

& Test Certification: _____

Remarks: _____

Inspector's Signature _____

Auditd by: _____ Date _____ Total To-Date_____ Monthly total_____

Comments: _____ Constr. Rpt. No. _____ Dated _____

_____ Recorded for Payment By: _____

D.O.T. Form 527-4 NO ERASURES