Form 181213
10-13

IOWA DOT

STATEMENT OF FORCE ACCOUNT

Date _____ Sheet _____ of _____

Project No. _____ County _____ Accounting I.D. _____

Contractor _____

Address _____

Description of Work _____

Change Order No. _____

Employees, Equipment, and Materials Employees include craft and classification. Equipment include manufacturer, model number, type, size, horsepower, bucket or box capacity, weight, and age.	(A) **Quantity or Total Hours**	(B) **Rate Per Hour Fringe or Estimated Operating Cost/Hr.**	(C) **Base Salary Per Hour or Unit Rate**	(D)		(E) **Materials**
				(AxB)	(AxC)	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	
				0.00	0.00	

Daily Work Approval

For Contractor _____

For State or County _____

RECAP

	1 Fringe Benefits	[redacted]	0.00
SUBTOTAL <	2 Base Labor	[redacted]	0.00
	3 Equipment	_____ (AxB) + _____ (AxC) =	0.00
	4 Materials	[redacted]	0.00
	5 Work. Comp., Soc. Sec. Taxes, Ins., etc.	[____% x 0.00 (Base Labor)] x 1.10 =	0.00
	6 Overhead	35% x 0.00 (Fringe Benefits + Base Labor) =	0.00
	7 Materials	15% x 0.00 (Materials Cost) =	0.00
	SUBTOTAL		0.00
	8 Public Liability, Bond, Association Dues	[____% x 0.00 (Subtotal)] x 1.10 =	0.00
	9 SHEET TOTAL	<	0.00
	10 GRAND TOTAL	<	

Summary Certification

I hereby certify that the items and amounts listed herein have been checked and approved.

_____ Project Engineer

_____ Date