EQUIPMENT USE RECORD

Project Title:____

Project Number:_____________ Equipment Description (include engine specifications):

____

____

____

ATTACH VERIFICATION OF RATE CLAIMED FOR EQUIPMENT USAGE TO THIS SHEET

Date	Project Element (s)	Work Description	ORG Hours or Miles	Non ORG Hrs. or Miles	Equipment Rate (Per Hrs./Miles)
		ORG TOTALS		X	

TOTAL AMOUNT CLAIMED $________

Operator's Signature:________________________

Supervisor's Signature:________________________ **Date:**__________