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| **ILLINOIS TOLLWAY**  **Extra Work Daily Report** | | | | | | | | | | | **A-7** | | | | | | | | | |
|  | | | | | | | | | | | | Contract No. | | | | |  | | | |
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| Report No. |  | | | | | | Date |  | | | |  | | | | |  | | | |
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| Approved ATP Number: | | |  | | | | | | | | | Pay Item Number: | | | | |  | | | |
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| Description of Work: | | | | |  | | | | | | | | | | | | | | | |
| Location of Work: | | | | |  | | | | | | | | | | | | | | | |
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| **LABOR** | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Work Classification** | | | | | | | **Shift Time** | | | | **Straight Hours** | **Overtime Hours** | **Doubletime Hours** | |
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| **EQUIPMENT USED** | | | | | | | | | | | | | **MATERIAL USED** | | | | | | | |
| Description:  List Manufacturer, Model, Year Built, Capacity | | | | | | | | | Number of Hours | | | | Description | | | | | | | Quantity |
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| REMARKS: | |  | | | | | | | | | | | | | | | | | | |
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| VERIFIED: | |  | | | | | | | | VERIFIED: | | | | | |  | | | | |
|  | | Contractor’s Representative Signature | | | | | | | | | | | | CM’s Representative Signature | | | | | | |
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GUIDELINES FOR PREPARING FORM BC 635

1. Extra work shall not be started until authorized in writing by the Engineer.
2. This form must be prepared daily and copies will be retained by both the Contractor and the Engineer.
3. Materials used on Force Account work which will be incorporated in the job must meet with satisfactory inspection. Please coordinate with the District Bureau of Materials for inspection requirements.
4. The amounts of Labor, Equipment and Materials claimed by the Contractor on his submitted itemized bill which he prepares at the completion of the extra work must agree with the daily amounts shown on this form.
5. Refer to Article 109.04 of the Standard Specifications.