



U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION Western
 Federal Lands Highway Division
 610 E. 5th St. Vancouver, Washington 98661

FP-14 - 109.01

Date Stamp
Copy Stamp

Project Name: _____

Project Number: _____

Line Item Number: _____

Pay Item Number: _____

Item Description: _____

Date work Performed: _____

Daily Record Of Miscellaneous Items

Calculations*:

Supporting sketch and details*:

Summary of Quantities

Location:	Measured quantity:
Attach additional sheets if necessary.*	Total Quantity:
	Unit of Measurement:

Name of person measuring work: _____

Interim Measurement Final Measurement

I certify the above measurements and calculations are correct and the total quantity is subject to direct payment for the item identified.

 Contractor Representative

FHWA Use Only	
Verified By:	
PE, Inspector, CPE, CI	
Approved	Entered To Record
	Checked By: _____
FHWA Representative	Date: _____