

Project Number: Department: Nature of Work: Project Element:	RT015011_ USFWS WilRefuges Bibliot Wood	4s				
	PERSONN	EL		SIGNATURE		
Name	Hours	Rate	Cost			
Roland Davis	6	48.67	292.02			
Daceyl Denical	(0	34.28	205.68			
secry server	-		200			
		-				
		-				
PAYROLL SUMMA	ARY 12		497,10			
			1	- d		
	EQUIPME	NT	7	RECAPITULATION		
Unit	Hours/ Miles	Data	Cost		04	
		Rate	204.00	Damanal	Cost	
Cot Stid Steer		- 80	90.00	Personnel	491.70 336.00	
Truck - 3/4 ton	(e	15. hr	42.00	Equipment Fringe Benefits*	72.c.	
Note for equipment:		1 / IN	14.	Timge Deficits	1	
Sponsor must have cost records or use approved Department rates.						
Rates will be furnished by the Department upon written request.						
I certify that the listed individuals were used on the dates shown and that the listed equipment						
was used on the project named above						
*Fringe Benefits: Method of fringe benefits calculation must be furnished to the Department.						
Things benefits. Welfied of filinge benefits dated and file be fulfills fied to the Department.						
$ \mathcal{L} $						
Signature, Project Officer or Supervisor						
Signature, Project Officer or Supervisor						



Project Number: Department: Nature of Work: Project Element:	Boudwelk Construction							
	PERSONNEL				,	SIGNATURE		
Name		Hours		ate	Cost			
Roland Davis		9	48.	(0)	438.03			
Darryl DeMeal		9	34.	28	308.52			
1)6(1911)211021		•			300.20			
PAYROLL SUMMA	RY	18			746,55			
FOUIPMENT RECAPITULATION								
		JIPMEN Hours/	11			HEOAFIN	LATION	
Unit		Miles	Ra	ate	Cost		Cost	
		9	34.8		306.00	Personnel	746.55	
Cat Skid Steer		9	15.00		135.00	Equipment	504.00	
Truck - 3/4 ton		9	フェ		43.00	Fringe Benefits*	_	
Note for equipment:				100			1	
Sponsor must have cost records or use approved Department rates. 11 255 55						1,250,55		
Rates will be furnished by the Department upon written request.								
I certify that the listed individuals were used on the dates shown and that the listed equipment was used on the project named above *Fringe Benefits: Method of fringe benefits calculation must be furnished to the Department.								
Signature Project Officer or Supervisor								



Department: Nature of Work:	FWS Refuges	oods		Date: Nov. 15 Foreman or Super Codes Janes Location: See Ba	ervisor:	
P	ERSONN	SIGNATURE				
Name	Hours Rate Cost					
Roland Davis	9	48.67	438.03			
Decay DeNeal	4	34.28	137.12			
Derryl DeMeal Curtin Jones		52.29	57.79			
Conta	'					
1						
	-	-				
	-					
PAYROLL SUMMARY	14		632,94			
EQUIPMENT RECAPITULATION						
	Hours/				LATION	
Unit	Miles	Rate	Cost		Cost	
Cat Skid Stoer	9	34.00/ hr	₩.306. [∞]	Personnel	632.94	
Truck - 3/4 tos (2)	9	15.00 hr	135.06	Equipment	504.00	
Tecilor overbuilt	9	7.50 hc	63.°°	Fringe Benefits*		
Note for equipment: Sponsor must have cost records or use approved Department rates. Rates will be furnished by the Department upon written request.						
I certify that the listed individuals were used on the dates shown and that the listed equipment was used on the project named above						
*Fringe Benefits: Method of fringe benefits calculation must be furnished to the Department.						
Signature, Project Officer or Supervisor						



Project Number: Department: Nature of Work: Project Element:	RT015011_ USFWS WilRefuges Bobect Loo	o 21		Date: Mov. 160, 2017 Foreman or Supervisor: Cortis Tones Location: Son Bernerd NWR		
PERSONNEL				SIGN	IATURE	
Name	Hours	Rate	Cost			
Roland David	7	48.67	340.69			
Rodend Davis Dercyl DeHeal	3	34.28	102.84			
Dercy Derect		- 0.0				
			ļ .			
	_					
PAYROLL SUMMA	ARY 10		443.53			
				DE0 4 DI3	FULL ATION	
EQUIPMENT RECAPITULATION						
Unit Hours/		Rate	Cost		Cost	
		3100 hc	238.	Personnel	443.53	
Cot Stid Steer Truck - 3/4 Ton	7	15.00 hc	105.00	Equipment	392.00	
Trailer - Overboi		7.00/hc	49.00	Fringe Benefits*		
Note for equipment: Sponsor must have cost records or use approved Department rates. Rates will be furnished by the Department upon written request. **TOTAL** **TOTAL**						
I certify that the listed individuals were used on the dates shown and that the listed equipment was used on the project named above *Fringe Benefits: Method of fringe benefits calculation must be furnished to the Department.						
Signature, Project Officer or Supervisor						