

**PUBLIC WORKS PROJECT REPORTING FORM
FOR FCAC CONTRACTORS**

Contractor Information: Company Name _____

Address _____

Telephone _____

Contact Name _____

Project Information: Project Name _____

Public Body Name _____

(owner)

Project Address _____

(include county where work was performed)

Date of Project: from _____ to _____

PROVIDE BELOW A DESCRIPTION OF THE WORK PERFORMED

PROVIDE PROJECT LABOR INFORMATION

TOTAL FOREMAN HOURS
TOTAL S.T. HOURS
TOTAL O.T. HOURS
TOTAL PROJECT HOURS

*This form may be emailed to: milesb@finishingchicago.com
or faxed to: 773-913-0658*