**WORKING DAYS WEEKLY STATEMENT** Wisconsin Department of Transportation

|  |  |  |  |
| --- | --- | --- | --- |
| Report #       | Project #       | Contract #       | For Week Ending:       |
| Name of Airport:       |
| Sponsor Name       | Contractor Name:       |
| Sponsor Address:       | Contractor Address:       |
| City, State, Zip:       | City, State, Zip:       |
| Description of Work:       |
|  |  |  |  | Hours | Working |
|  Day |  Date | Progress Controlling Item of Work | Reason for Delay to Controlling Item of Work |  Worked |  Lost | Days Charged |
| Sun |       |       |       |       |       |       |
| Mon |       |       |       |       |       |       |
| Tues |       |       |       |       |       |       |
| Wed |       |       |       |       |       |       |
| Thurs |       |       |       |       |       |       |
| Fri |       |       |       |       |       |       |
| Sat |       |       |       |       |       |       |
| Contract Effective Date |       | Total Working Days Charged This Week |       |
| Construction Work Started Date |       | Total Working Days Previously Charged |       |
| Contract Time Working Days Including Extension |       | Total Working Days Charged to Date |       |
| Total Number of Calendar Days Elapsed After Contract Time Expiration |       | Percent of Contract Working Days |       |
|  |  |  |  |
| Consultant Name:      | It is agreed that the number of working days during the above specified week ending date is correctly shown.X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Contractor’s Authorized Representative) DateX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Resident Engineer) Date |
| Address:       |  |
| Telephone:       |  |
| Distribution - 1 copy to each of the following: Contractor Consultant WisDOT, Bureau of Aeronautics |  |