FORM FHWA 17-348 (9/2016) U.S. DEPARTMENT OF TRANSPORTATION Date Stamp FEDERAL HIGHWAY ADMINISTRATION Western Federal Lands Highway Division 610 E. 5th St. Vancouver, Washington 98661 Project Name: Project Number: _____ Copy Stamp Line Item Number: Pay Item Number: Item Description: Date work Performed: Daily Record Of Miscellaneous Items* **Locations and Calculations:** Truck Number ____ Time Of Load Placement **Total Water Placed** Start Station Stop Station For Payment ☐ Yes ☐ No □ Yes □ No □ Yes □ No □ Yes □ No ☐ Yes ☐ No Attach additional sheets if necessary.* Measured Quantity: Name of person measuring work: _____

☐ Interim Measurement ☐ Final Measurement		
	FHWA Use Only	
I certify the above measurements and calculations are correct and the total quantity is subject to direct payment for the item identified.	Verified By: PE, Inspector, CPE, CI	
	Approved	Entered To Record
		Checked By:
Contractor Representative	FHWA Representative	Date: