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| **DAILY LABOR REPORT for Term Service Contracts** | | | | | | | | Project No. | | |  | | |
| NOTE: Read *Instructions for Consultant Term Service Contract Payment Submissions* prior to completing this form. Submit this original to the Client Agency Facility Representative for signature, and forward with appropriate payment application materials to: OGS Design and Construction, Division of Design, 31st Floor, Corning Tower, GNARESP, Albany, NY 12242. See distribution below. | | | | | | | | | | | | | |
| Contractor Name: | | | | Facility: | | | | | | Work Date: | | | |
| Daily Scope of Work Accomplished: (*Premium Time Requires Prior OGS Approval)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Item No. | Soc. Sec. No. *(Last Four Digits)* | Name | Labor Classification | | Time Worked **(ON SITE ONLY)** | | | | | | | Hours | |
|  |  |  |  | | In | Lunch Out | Lunch In | | Out | | | Straight | Premium |
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| **CONTRACTOR** | | **CLIENT AGENCY FACILITY REPRESENTATIVE** | | | | | | |
| Comments: | | Comments: | | | | | | |
| **On-Site Certification**  I certify this is an accurate statement of labor used on this day. | | **Certification**  I certify that the comments I have entered are based on my observation of the work. The comments indicate my agreement or observed differences with the contractor’s submittal. | | | | | | |
| Signature | Date *(required)* | Signature | | | Date*(required)* | | | |
| Printed Name |  | Printed Name | | | Phone No. | | | |
| Distribution: Original: Design and Construction Copies: Client Agency Facility Representative (1)  Contractor (1) | | | | Page |  | | of |  |