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| **DAILY MATERIAL AND EQUIPMENT 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 Name: | | | | | | Work Date: | |
| Daily Scope of Work Accomplished: | | | | | | | | |
|  | | | | | | | | |
| Detailed Description of Material or Equipment | | License No. or Serial No. | Quantity | Unit | | Facility Representative Comments | | |
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| **CONTRACTOR** | | **CLIENT AGENCY FACILITY REPRESENTATIVE** | | | | | |
| **On-Site Certification**  I certify that the equipment described was used on this work for the hours indicated and that the material was used or turned over to the state on this date. | | **Certification**  I certify that the comments I have entered on each line 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 |  |