OKLAHOMA DEPARTMENT OF TRANSPORTATION
FEDERAL EMERGENCY RELIEF PROJECT DAMAGE STATEMENT (COUNTY SYSTEM)

ROUTE NUMBER: _____ DIVISION NO: ___ COUNTY: _____
FEDERAL PROJECT #: _____ STATE JOB/PIECE #: _____
LOCATION: _____

TYPE OF REPAIR: _____

RIVER CROSSING NAME: _____ NBI #: _____

STATEMENT OF EXPENSES

EMPLOYEE TITLE	QUANTITY	UNIT OF MEASURE	UNIT COST	COST

SUB-TOTAL LABOR COST: $

EQUIPMENT	QUANTITY	UNIT OF MEASURE	UNIT COST	COST

SUB-TOTAL EQUIPMENT COST: $

TYPE OF MATERIAL	QUANTITY	UNIT OF MEASURE	UNIT COST	COST

SUB-TOTAL MATERIAL COST: $

GRAND TOTAL (ALL PAGES): $ _____

BOARD OF COUNTY COMMISSIONERS

_____ COUNTY, OKLAHOMA

DAMAGE REPAIR COMPLETION

DATE: _____, _____

_____
CHAIRMAN

_____
MEMBER

ATTEST:

_____
MEMBER

_____
COUNTY CLERK

PROVIDE SIGNED ORIGINAL TO
LOCAL GOVERNMENT DIVISION
FORM ER-02-JULY-1995