

PROGRESS REPORT

Period from to _____ to _____

Project Number _____ Percent of work complete _____

Local Agency _____

Working days in contract _____

Working days charged this period _____

Working days previously charged _____

Working days charged to date _____

Working days remaining _____

Narrative of work completed this period and project status:

Anticipated Change Orders:

Traffic Control has been reviewed and deficiencies, if any, have been corrected.

Signed _____
Local Agency Representative

Additional Comments: