

Computer _____	O. P. Test Equipment _____	Printing _____
Rate _____	Hourly Rate _____	Construction Sheets _____
Hours _____	Number of Hours _____	Maps _____
Extended Costs _____	Extended Costs _____	SUBMITTED (by Engineer): _____
Date: _____	Transmission Testing _____	Title _____
Equipment Rental:	Hourly Rate _____	Date _____
COE Test Equipment _____	Number of Hours _____	APPROVED (by Owner): _____
Hourly Rate _____	Extended Costs _____	Title _____
Number of Hours _____	OTHER EXPENSES:	Date _____
Extended Costs _____	Telephone Charges _____	
	Facsimile Charges _____	BILLING CODE 3410-15-P