



## MITIGATION PROJECT RECORD – CONTRACT WORK

**AUTHORITY:** 1976 PA 390; **COMPLIANCE:** VOLUNTARY

I. GENERAL INFORMATION					* ALL RED FIELDS ARE REQUIRED TO BE COMPLETED *				
Subrecipient Name:					Project Number:				
Location of Work:			Description of Work:			Time Period: Start Date		End Date	
<b>II. CONTRACT WORK RECORDS</b>									
Dates Worked Start	End	Contractor Name	Invoice Number	Amount	How Work Relates to Approved Scope				
<b>TOTAL:</b>									

I certify that the above information was transcribed from timesheets, payroll records, equipment log invoices, stock records or other documents which are available for audit.

Subrecipient’s Authorized Representative	MSP/EMHSD USE ONLY
Signature: _____ Date: _____	This form has been reviewed and found correct with the exceptions as noted.  Reviewer Initials: _____

**\*\* NOTE:** ATTACH REQUIRED DOCUMENTATION FOR EACH CONTRACT WORK RECORD LINE \*\*