



Summary of Daily Traffic Item Tickets

Date:		Group:		Estimate Number:	
Contract No.:		Project Name:			
Contractor:			Subcontractor:		

Item No. **Operaton of Portable Changeable Message Sign**

Date	Hours			Ledger
			Entry No.:	
			Posted By:	
			Date:	
			Validated By:	
			Date:	
Total		<input style="width: 50px;" type="text"/>		

Item No. **Sequential Arrow Sign**

Date	Hours			Ledger
			Entry No.:	
			Posted By:	
			Date:	
			Validated By:	
			Date:	
Total		<input style="width: 50px;" type="text"/>		

Item No. **Operation of Transportable Attenuator**

Date	Hours			Ledger
			Entry No.:	
			Posted By:	
			Date:	
			Validated By:	
			Date:	
Total		<input style="width: 50px;" type="text"/>		

Item No. **Other Traffic Control Labor**

Date	Hours			Ledger
			Entry No.:	
			Posted By:	
			Date:	
			Validated By:	
			Date:	
Total		<input style="width: 50px;" type="text"/>		

Item No. **Flaggers and Spotters**

Date	Hours			Ledger
			Entry No.:	
			Posted By:	
			Date:	
			Validated By:	
			Date:	
Total		<input style="width: 50px;" type="text"/>		

Calculated By	Date	Checked By	Date
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