DHCD Force Account Labor Invoice

Name of Staff Person	Date(s) of Work	Number of Hours Worked	Staff Person's Hourly Rate *(Excluding Retirement Benefits)*	Regular or Overtime Rate?	Hourly Rate x Hours Worked
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
				Total Cost	$0.00