

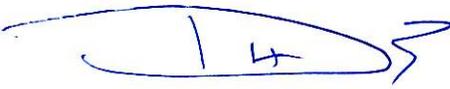
Job Stamp  
 04-0120F4  
 SFOBB SAS

Const. Calendar Day No. 616  
 Project Work Day No. 826  
 Date **Wednesday 08/20/2008**  
 Shift Hours Start \_\_\_\_\_ Stop \_\_\_\_\_

ASSISTANT RESIDENT ENGINEER'S **CONTRACTOR - ABFJV**

EQUIPMENT AND/OR LABOR:			HOURS - ITEM NO.										REMARKS					
Equip. #	N O M E N	DESCRIPTION  (Of Equipment or Labor)														IDLE OR DOWN	Name	Contractor

No work—I was sick.



David Bradd, Assistant Resident Engineer