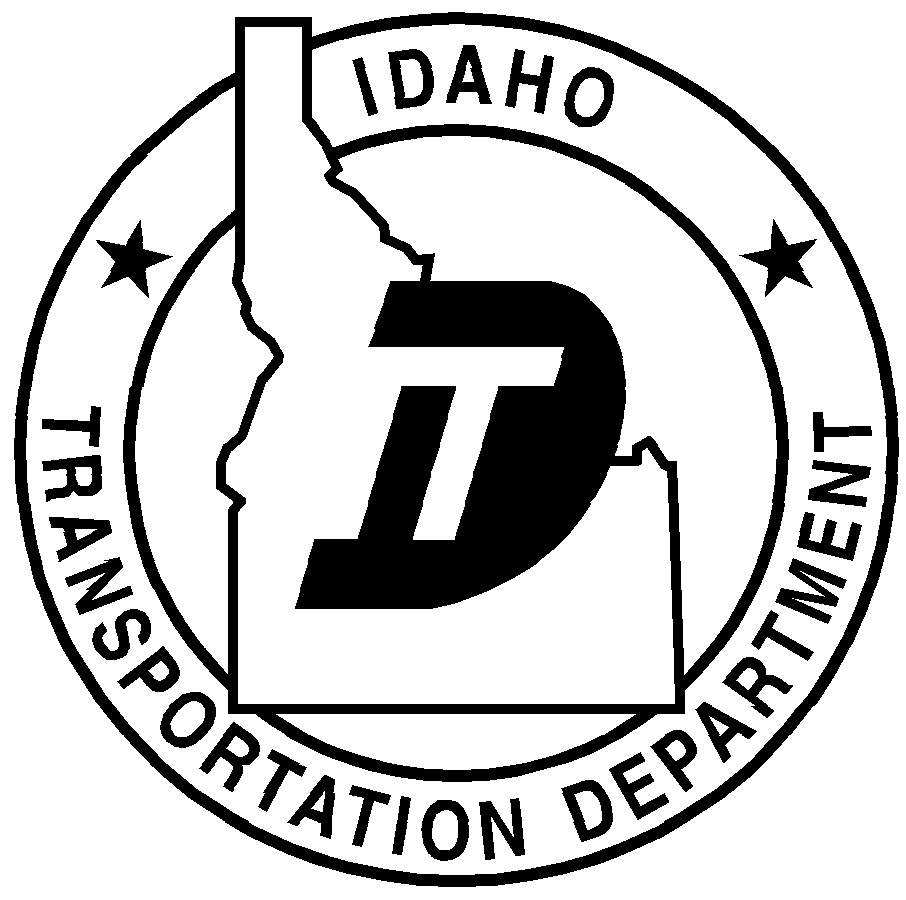
**Elapsed Time and Work Status Statement** ITD 2242 (Rev. 05-14)



Idaho Transportation Department

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | | Contractor | | | | | | | Report Number | | Final |
|  | | |  | | | | | | |  | |
| Key Number | Project Number | | | | | Work Authority | | | Location | | | |
|  |  | | | | |  | | |  | | | |
| Type of Time | | Working Days | | | Calendar Days | | Fixed Completion Date | | | | | |
| Contract Award Date | | | | Date Work Commenced on This Project | | | | Period of Time Covered in This Statement | | | | |
|  | | | |  | | | | From | | | To | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract Time Accounting** | | | | | | | | | | | | | | |
|  | | | |  | | |  | Days Allowed (Contract) | | | | |  |  |
|  | | | |  | | |  | Day Adjustments (Change Order) | | | | |  |  |
|  | | | |  | | |  | Total Days Allowed | | | | |  |  |
| Total Days Possible This Period | | | |  | | |  |  | | | | |  |  |
| Total Days Not Charged This Period | | | |  | | |  |  | | | | |  |  |
| Total Days Charged This Period | | | |  | | |  |  | | | | |  |  |
| Days Previously Charged | | | |  | | |  |  | | | | |  |  |
|  | | | |  | | |  | Total Days Charged to Date | | | | |  |  |
|  | | | |  | | |  | Total Days Remaining | | | | |  |  |
| Work has been substantially completed | | | | | Date | | | | Work has been completed | | | Date | | |
|  | | | |  | | |
| Percent of Work Complete | |  | % | | | Percent of Time Elapsed | | | |  | % | | | |
| Remarks and Explanations of Days Not Charged (Give date, hours worked, information verifying reasons, etc.) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **You are Hereby Notified** | | | | | | | | | | | | | | |
| **To Suspend Construction Operations** | | | | | | | | | | | | | | |
|  | Effective Date of Suspension (Close of Work) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Reason for Suspension | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Items of Work Suspended | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| **To Resume Construction Operations Which Were Suspended** | | | | | | | | | | | | | | |
|  | Effective Date of Resumption | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Items of Work Resumed | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Resident Engineer's Signature | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Acknowledge Receipt – Return one signed copy to sender** | |
| Contractor Name | Date Received |
|  |  |
| Signature | Title |
|  |  |
| If Disagree, Specify Reason(s) | |
|  | |

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District Engineer Resident Engineer Dist Records Inspector Contractor (2 copies)