STATE OF FLORIDA, DEPARTMENT OF TRANSPORTATION

Page No. _____

CONTRACTORS MONTHLY CERTIFICATION OF QUANTITIES

FORM 700-050-68
CONSTRUCTION
01 / 12

CONTRACTOR: _____

MAINTENANCE OF TRAFFIC SHEET

CERTIFICATION NO.: _____

Traffic Stripes and Markings

STATE ROAD NO.: _____

FINANCIAL PROJECT ID: _____ CONTRACT NO.: _____ PERIOD REPRESENTED BY CERTIFICATION FROM: (MO/DY/YR) _____ TO: (MO/DY/YR) _____

PAY ITEM NUMBER	DESCRIPTION	UNIT	THIS ESTIMATE	

Contractor's Authorized Agent (Print Name & Co.): _____

Contractor's Authorized Agent (Signature): _____ Date: _____

Prime Contractor's Work Site Traffic Supervisor (Signature) _____

Prime Cotractor's Work Site Traffic Supervisor (Print Name) _____