

**REQUEST FOR MANHOOR INFORMATION
(SUBMIT WITH APPLICATION FOR PAYMENT)**

To: _____	Fax: _____
From: _____	
Location: _____	

IFB No. _____
Project: _____ Date _____
Contractor Manhours Worked: _____
Recordable Incidents: _____
Comments: _____

IFB No. _____
Project: _____ Date _____
Contractor Manhours Worked: _____
Recordable Incidents: _____
Comments: _____

IFB No. _____
Project: _____ Date _____
Contractor Manhours Worked: _____
Recordable Incidents: _____
Comments: _____

Manhours by Project are to be reported monthly to your JEA Project Manager. Contractor to submit this form with each Application for Payment. Failure to submit this form may result in rejection of Application for Payment. Your JEA Project Manager will input into GPMD.

