

**State of Alaska
Department of Transportation and Public Facilities**

Final Construction Report Summary Sheet

PROJECT NAME: _____

PROJECT NUMBER: _____

PROJECT LOCATION: _____

PROJECT DESCRIPTION: _____

PROJECT ENGINEER: _____

CONTACTOR: _____

DATE OF AWARD: _____ NOTICE TO PROCEED: _____

START OF CONSTRUCTION: _____

ORIGINAL CONTRACT COMPLETION DATE: _____

AMENDED CONTRACT COMPLETION DATE: _____

PROJECT ACCEPTANCE DATE: _____

OVERRUN TIME: _____ DAYS LIQUIDATION DAMAGES: _____ DAYS

ENGINEER'S ESTIMATE: _____

ORIGINAL AWARD AMOUNT: _____

ADDITION OR REDUCTION: _____

FINAL CONTRACT AMOUNT: _____