

Illinois State Toll Highway Authority

Weekly Contractor Progress Report

A-2

CM _____

Report No. _____

Contract No. _____

Week Ending _____

Contractor _____

Route _____

Contract Duration _____ to _____

Mile Post Limits _____

Day/ Date	Hours Worked	DBE/EEO (Check If applicable)	Contractor's and Subcontractor's Daily Progress

Summary of Progress:

Is Project on schedule? Yes _____ No _____

If no, explain in detail on reverse side.

Approved: _____
CM Project Manager Signature

Field Office Telephone Number