PIKE COUNTY
ROAD DISTRICT EQUIPMENT RENTAL

Machine _____ **Road District** _____

Rate Per Hour _____ **Year** _____

HOURS

Date	Road or Location	Surface	Shoulders	Ditches	Bridges & Culverts	Clearing ROW	Snow Removal	Notes:
	Subtotal Equipment Hours							

TOTAL EQUIPMENT HOURS _____

AMOUNT _____

Date: _____

Claim No: _____

Amount Paid: _____

I hereby certify that the hours listed above are true and correct.

_____
Road Commissioner