STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

EXTRA WORK BILL (SHORT FORM)

CEM-4902 (REV 7/1994) CT# 7541-3500-8

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CONTRACT NO.	CCO NO.	REPORT NO.

	DATE PERFORMED	DATE OF REPORT	CONTRACTOR. JOB	CONTRACTOR. RPT. NO.	E.W.				A.C.			BR	*50%	SUB	R/W	PARTNERING	LABOR	WCI CLASS	WCI RATE
					+ -	FA	LS	UP	FA	LS	UP	SW	FLAG	WORK	DELAY	SWITCH	SUR		
01																			

02	WORK PERFORMED BY
03	DESCRIPTION OF WORK

EQUIPMENT CHARGES

	EQUIPMENT ID NUMBER	EQUIPMENT DESCRIPTION				REGULAR HOURS	OVERTIME HOURS
		CLASS	MAKE	CODE	ATTACH		
04							
05							
06							
07							
08							
09							
10							

FOR RESIDENT ENGINEERS ONLY

- ☐ NEW BILL
- ☐ APPROVED FOR PAYMENT
- ☐ RESUBMITTAL
- ☐ RETURNED FOR CORRECTION

DATE RECEIVED	DATE OF ACTION

MATERIAL and/or WORK DONE BY SPECIALIST OR LUMP OR UNIT PRICE PAYMENTS

	VENDOR NAME	INVOICE NUMBER	MO	DAY	YR
24					
	INVOICE DESCRIPTION	UNITS	UNIT COST OR NET PAY		
25	VENDOR NAME	INVOICE NUMBER	MO	DAY	YR
	INVOICE DESCRIPTION	UNITS	UNIT COST OR NET PAY		

LABOR CHARGES

	CRAFT ID	LABOR NAME		LABOR REGULAR HOURS		OVERTIME HOURS		SUBSISTENCE	
		INT	LAST	HRS	RATE	HRS	RATE	UNITS	RATE
34									
35									
36									
37									
38									
39									
40									

SIGNATURE OF RESIDENT ENGINEER	IN CASE OF QUESTIONS CONTACT: *(Resident Engineers Use Only)*	
SIGNATURE OF PIME CONTRACTORS REPRESENTATIVE	NAME	BUSINESS PHONE

EXTRA WORK BILL *(SHORT FORM)*

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Preparing Form CEM 4902

This form is provided for entry of basic information related to extra work performed on a Contract Change Order. The majority of all Extra Work Bills will fit on this form. If more entries are required for equipment, labor or material, you must use the four part forms. (CEM-4902A, CEM-4902B, CEM-4902C, CEM-4902D)

The top of this form includes fields that are used to record basic information required on all Extra Work Bills. Following is a list of these fields: All switch fields, Bridge, flagging, sub work, R/W Delay and Partnering are set by entering a "Y" in the appropriate box. To remove a switch from an existing bill, place an "N" in the appropriate box.

FIELD	REMARKS
Contract Number	Identifies the project. Must be a valid contract number that is on file in the Progress Pay System.
CCO Number	Identifies the Contract Change Order.
Report Number	This is assigned by the submitter *(R.E.),* in sequential order beginning with 0001 for each CCO.
Line 01:	
Date Performed	Enter the work performed date. "VAR" may be entered in this field if the pay method is lump-sum or unit-price and equipment.
Date of Report	Enter the date the bill is prepared.
Contractor. Job No.	This is used by the contractor to identify the extra work bill.
Contractor. Rpt. No.	This is used by the contractor to identify the extra work bill.
Payment Method	Required entry. Indicate + or -, and place an "X" in the appropriate box. A blank is considered a +.
BR SW	Set to "Y" in if the CCO indicates work on structure items.
50% Flag	Set to "Y" if the bill is for flagging. This will reduce the bill by 50%.
Sub Work	Set to "Y" to add subcontractor markup.
R/W Delay	Set to "Y" if bill is for right of way delay. No markup will be applied to the bill.
Partnering Switch	Set to "Y" if bill is for partnering. No markup will be applied to the bill.
Labor Sur	Enter the labor surcharge for the type of work normally performed by that contractor.
Line 02 and 03	
Work Performed By	Identify the party that is performing the work.
Description of Work	Identify the location and description of the work.
Lines 04 -10 Equipment Charges	
Equipment Description	Enter equipment ID, Class, Make, Code. If any are missing the bill will not be accepted.
Equipment Attachments	Enter attachment codes.
Equipment Hours	Enter regular and overtime hours. Hours must be greater than zero.
Lines 24 -25 Materials and/or Work done by Specialist or Lump or Unit Price Payments	
Vendor Name	Enter the vendor's name.
Invoice data	Enter the invoice number, date, and description.
Invoice units & cost	Enter the number of units and the unit cost or net pay.
Lines 34 - 40 Labor Charges	
Labor Description	Enter labor craft, initial and last name.
Labor Hours & Rate	Enter regular and overtime hours and rates. Hours and rates must not be zero.
Subsistence	Enter subsistence hours and rate if subsistence was paid.