


ROUTE	SECTION	COUNTY	TOTAL SHEETS	SHEET NUMBER
VARIOUS	2014-033DTR	COOK & WILL	7	5

 Illinois Department of Transportation	Tree Removal Work Order Number:
	ID Number:

CONTRACT 60Y19

***** EXPEDITED REMOVAL *****

Date: _____ Time: _____ Contract: _____

County			Work Order Prepared By	Team Section

Marked Route: _____ Municipality: _____ Side of Road: _____
 Location: _____

Tree tape was used to measure the diameter of the trees.

PAY ITEM	TREE #	QUANTITY	24 HOUR	48 HOUR	TOTAL
LIMB REMOVAL (EACH) 4"-10"			3X	2.5X	
LIMB REMOVAL (EACH) >10"			3X	2.5X	
TREE REMOVAL (UNITS) 6"-15"			2X	1.5X	
TREE REMOVAL (UNITS) >15"			2X	1.5X	

Special Instructions _____

Reason for removal: _____

AUTHORIZATION OF WORK	
Resident Engineer/Technician Signature	
Date/Time work order issued	Contractor Initials

CERTIFICATION OF COMPLETED WORK	
Contractor Signature	
Date/Time work order completed	

OFFICE USE ONLY		
Measured in Place by:	Initials(s)	Date
Calculated by:	_____	_____
Checked by:	_____	_____

INSPECTION AND ACCEPTANCE OF COMPLETED WORK	
Inspector Signature	
Date work order Inspected and Accepted	
This is to certify that the work order has been completed.	

ILLINOIS DEPARTMENT OF TRANSPORTATION
 SAMPLE EXPEDITED WORK ORDER
 DEAD TREE REMOVAL