RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS SECTION AND QUALITY ASSURANCE
HMA - DAILY TONAGE TALLY REPORT

Counter No: _____ Date: _____

Contract No: _____ F.A.P. No: _____

Producer: _____ Plant Location: _____

Mix No: _____ Mix Type: _____

Time of First Truck: _____ **Ticket No:** _____

Ticket No	Truck	Gross Tons	Tare Tons	Asphalt Tons	Test No	Total Tons

Time of Last Truck: _____ **Ticket No:** _____ **Total Tons:** _____

Plant Inspector (Print / Sign) Date

Reviewed By (Print / Sign) Date