

**ASPHALT CONCRETE
PAY ITEM REDUCTION SHEET**

Date: _____ Type Mix: _____ Mix Design No.: _____

Financial Project ID: _____ Contract No.: _____

District: _____ County: _____ Plan Thickness: _____ Gmm: _____

Pay Item No.: _____ Contractor: _____

	Surface Tolerance Deficiency Station to Station	Length of Deficiency	Total Length	Width	Quantity of Material SY/Tons	
R O A D W A Y	Area Left in place at "No Pay"					
		Area Left in place at "Full Pay"				

Project Administrator Name: _____

Remarks:

Note: The use of this form is for calculation purposes only. Required signatures are within the Materials Acceptance and Certification (MAC) program. If used, this sheet will be uploaded to the Department's Electronic Document Management System (EDMS).