Form C-8
Rev 04/2020

ALABAMA DEPARTMENT OF TRANSPORTATION
Contactless Weight Ticket Log

Contract ID: ____________________ Date: ____________________

Project No.: ____________________ Begin Station: ____________________

Location: ____________________ End Station: ____________________

Pay Item No.: __________ Item Description: ______________________________

Load #	Truck #	Time	Temp	Weight	Inspector	Comment

PAGE TOTAL

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PAGE TOTAL **PAY ITEM TOTAL**