

**LIQUIDATED DAMAGES STATEMENT FORM  
LPA DIVISION, MDOT**

**STATEMENT OF DAILY CHARGES FOR LIQUIDATED DAMAGES  
(FOR EACH CALENDAR DAY OF DELAY)**

PROJECT NO : \_\_\_\_\_  
COUNTY : \_\_\_\_\_

CONTRACTOR : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_

ORIGINAL CONTRACT TIME : \_\_\_\_\_  WORKING DAY  CALENDAR DAY  
ORIGINAL COMPLETION DATE \_\_\_\_\_

EXTENSION IN CONTRACT TIME  
DUE TO INCREASE IN QUANTITIES : \_\_\_\_\_  WORKING DAY  CALENDAR DAY

EXTENSION IN CONTRACT TIME  
BY SUPPLEMENTAL AGREEMENT APPROVED BY FHWA : \_\_\_\_\_  WORKING DAY  CALENDAR DAY

REVISED TOTAL CONTRACT TIME: \_\_\_\_\_  WORKING DAY  CALENDAR DAY  
REVISED COMPLETION DATE : \_\_\_\_\_ (COMPLETION DATE AS AMENDED)

Choose an item.: \_\_\_\_\_ (END DATE FOR DAMAGES TIME PERIOD)

OVERRUN IN CONTRACT TIME: \_\_\_\_\_ (CALENDAR DAYS)

NO. OF DAYS TO NOT CHARGE: \_\_\_\_\_ (CALENDAR DAYS)

REASON FOR DAYS NOT CHARGED: \_\_\_\_\_  
\_\_\_\_\_

NO. OF DAYS FOR DAMAGES: \_\_\_\_\_

ORIGINAL CONTRACT AMOUNT : \_\_\_\_\_

DAILY CHARGE: \_\_\_\_\_

TOTAL LIQUIDATED DAMAGES : \_\_\_\_\_