



Carl Moyer Program Quarterly Progress Report

Company Name: _____ **Contract No:** _____

Project Description: _____

Reporting Period From: _____ **to:** _____

Any change(s) from the Previous Reporting Period? ☒ **YES** ☐ **NO**
Please complete report if you select **YES**

Current Progress:

Unit #	Purchase Order Placed (if Yes, provide Date)	Received Date	Date Placed into Service
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		
	<input type="radio"/> Yes <input type="radio"/> No		

Operation: Use Gallons, Mileages or Hours per quarter by equipment

Unit #	Usage

Comments/Operational Issues/Problems:

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Date last piece of equipment is put into service: _____

Name/Title of person preparing the progress report: _____

Contact Phone Number: _____

/ _____
