(その2)様式第31号(第11条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業務工程表 | | | | | | | | | | | | | | | | | | | | | | | | | | | 計画工程 | | | | | |  | | | | | | | 赤色 | |
|  | | | | | | | | | | | | | | |
| 実施工程 | | | | | |  | | | | | | | 青色 | |
| 委託業務名　　　　　　　　　　　　　　委託金額　　　　　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日  受注者  住所  商号又は名称  代表者　氏　　　　　名 | | | | | | | | | | | | | | | | | | |
| 履行期間 | | 年　　月　　日から  　　　　年　　月　　日まで | | | | | | | | | | | | | | | | | | | | |
| 番号 | 項目 | | 設計数量 | 1日平均配備人員 | 実日数 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 進捗率  100％ |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 90 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 80 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 70 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 60 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 50 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 40 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 30 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 20 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 10 |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  | | 0 |