

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY
DEPT. OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR	ADDRESS	PHONE No.	PAYROLL No.
----------------------------------	---------	-----------	-------------

CONTRACT REG. No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME & LOCATION	TAX I.D. No.
-------------------	----------	--------------------	-------------------------	--------------

(1) NAME, ADDRESS, SOCIAL SECURITY No.	(2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPerson APPRENTICE HELPER	(3) TIME	(4) DAY AND DATE							(5) TOTAL HOURS	(6) BASE RATE OF PAY PER HOUR	(7) TOTAL BASE PAY	(9) SUPPLEMENTAL BENEFITS			(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			HOURS WORKED EACH DAY										(8) RATE PER HOUR	(9) ✓ PAID TO (Local # if Union is Checked)	(10) TOTAL PAID			
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						
J A H		RT										U Local No.						
		OT										E O						

(INSTRUCTIONS ON REVERSE SIDE)

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown.
I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE	NAME (Print)	TITLE	DATE
-----------	--------------	-------	------