

# PUBLIC WORKS INVOICE

Certified Payroll Documentation Attached

**CONTRACTOR INFO:**

Name:  
Address:  
License #:  
DIR Registration #:

**PROJECT INFO:**

Project Name:  
Contract #:  
Agency:  
Billing Period:

Classification	Total Hours	Straight Time Rate	Overtime Rate	Fringe Benefits	Total Amount
<b>SUBTOTAL:</b>					
<b>RETENTION (%):</b>					
<b>TOTAL DUE:</b>					

**CERTIFICATION:**

I hereby certify that the above labor hours and classifications are accurate and that all workers have been paid prevailing wages in accordance with the public works requirements of this jurisdiction. Certified Payroll Reports (CPRs) for this period are attached and have been uploaded to the Labor Commissioner's database.

Authorized Signature

Date