CERTIFIED PAYROLL REPORT / INVOICE

Contractor/Subcontractor:

Name: _____
Address: _____
Project Name: _____

Payroll Information:

Payroll Number: _____
Week Ending: _____
Project Number: _____

Employee Name / ID	Work Class	Day and Date							Total Hours	Rate	Gross Earned
		S	M	T	W	T	F	S			
Name: ID:									O:		
									S:		
Name: ID:									O:		
									S:		
Name: ID:									O:		
									S:		
TOTAL INVOICE AMOUNT											**$**

Statement of Compliance:

I do hereby state that the payroll for the period designated above is correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; and that the classifications set forth for each laborer or mechanic conform with the work he performed.

Name/Title: _____

Signature: Date: _____