

# 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	(8) SUPPLEMENTAL BENEFITS			(9) ✓ PAID TO (Local # if Union is Checked)	(10) TOTAL PAID	(11) GROSS PAY	(12) TOTAL TAX & OTHER DEDUCTIONS	(13) NET PAY
			HOURS WORKED EACH DAY										(8) RATE PER HOUR	(9) PAID TO	(10) TOTAL PAID					
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										O								
J		RT										U	Local No.							
A												F								
H		OT										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
-----------	--------------	-------	------