



# Certified Transcript of Payroll

## AFFIDAVIT

Weekly Statement of Compliance

Date: \_\_\_\_\_

I, \_\_\_\_\_,  
(name signatory party)  
\_\_\_\_\_, do  
(Title)

hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project \_\_\_\_\_;

(name of project)

that during the payroll period commencing on the

\_\_\_\_\_ day of \_\_\_\_\_,  
(day) (month) (year)

all persons employed on said project have been  
paid the full weekly wages earned, that no  
rebates have been or will be made either directly  
or indirectly to or on behalf of said

\_\_\_\_\_  
(name of contractor or subcontractor)

from the full weekly wages earned by any person,  
and that no deductions have been made either  
directly or indirectly from the full weekly wages  
earned by any persons, other than permissible  
deductions as defined by Federal and/or State  
Law. I further certify that this payroll is correct  
and complete; that the wage rates contained  
therein are not less than the actual rates herein  
stated and that the classification set forth for each  
laborers or mechanic conform to the work he/she  
performed.

\_\_\_\_\_  
Signature

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund \_\_\_\_\_

Health Address \_\_\_\_\_

Health Sponsor \_\_\_\_\_

Health Admin \_\_\_\_\_

Pension Fund \_\_\_\_\_

Pension Address \_\_\_\_\_

Pension Sponsor \_\_\_\_\_

Pension Admin \_\_\_\_\_

401(k) Fund \_\_\_\_\_

401(k) Address \_\_\_\_\_

401(k) Sponsor \_\_\_\_\_

401(k) Admin \_\_\_\_\_

Vacation Fund \_\_\_\_\_

Vacation Address \_\_\_\_\_

Vacation Sponsor \_\_\_\_\_

Vacation Admin \_\_\_\_\_

## SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract  
of billing, or other pertinent information.

**Company Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (zipcode)

Telephone Number: \_\_\_\_\_