



Statement of Authorized Signatory Party (For submitting electronic certified payroll records)

This form is to serve as a letter acknowledging that I, _____ will serve as the authorized signatory party for
(Name/Title)
weekly certified payroll reports for the following contract, _____.
(Contract #/Your Company)

The following personnel will be responsible for the weekly data entry of payroll reports through the electronic certified payroll system via iSupplier Portal. Please provide personnel name, title, email address and designated role (see below for explanation):

_____ (Name)	_____ (Title)	_____ (Email address)	_____ (Role/Responsibility)
_____ (Name)	_____ (Title)	_____ (Email address)	_____ (Role/Responsibility)
_____ (Name)	_____ (Title)	_____ (Email address)	_____ (Role/Responsibility)
_____ (Name)	_____ (Title)	_____ (Email address)	_____ (Role/Responsibility)
_____ (Name)	_____ (Title)	_____ (Email address)	_____ (Role/Responsibility)

The above listed employees will be issued an SNL username and password and may be required to complete an SNL Computer Security course. The username and password should **not be shared with others. **

Employees are required to have roles setup in order to process weekly certified payroll. The roles/responsibilities are as follows:

- *Timekeeper* (Prime and Sub) - enters or imports timecard information, but cannot certify.
- *Certifier* (Prime and Sub) - certifies timecards; may enter or import timecards and can certify accuracy of information entered.
- *Reviewer* (Prime only) - reviews timecards; certifies and reviews prime payrolls and verifies subcontractor payrolls are according to Davis-Bacon Wages.

Lastly, in order to setup the master payroll please provide the following:

- Type of Fringe Benefits (Cash or Plan):
 - If Plan, provide Plan Name: _____

- Week End Date (i.e. Monday, Tuesday, etc.): _____
- Actual Construction Start Date: _____ End Date: _____
- List of subcontractors and their job function (i.e. electrical, mechanical, etc.):

_____ (Sub Name)	_____ (Email address)	_____ (Job Function)
_____ (Sub Name)	_____ (Email address)	_____ (Job Function)
_____ (Sub Name)	_____ (Email address)	_____ (Job Function)
_____ (Sub Name)	_____ (Email address)	_____ (Job Function)
_____ (Sub Name)	_____ (Email address)	_____ (Job Function)

The company official is required to notify, via email (certpay@sandia.gov), Sandia National Laboratories with any changes, additions, or deletions in personnel roles and responsibilities.

If you have any questions or concerns, please contact us at certpay@sandia.gov.

(Printed Name of Company Official)

Phone Number

Date

Please return this form via fax (505.844.0522)
Or email (CertPay@sandia.gov)

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Sandia is a multiprogram laboratory operated by Sandia Corporation, a Lockheed Martin Company, for the United States Department of Energy's National Nuclear Security Administration under Contract DE-AC04-94AL85000.