



# 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 \_\_\_\_\_

## 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: \_\_\_\_\_

**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: \_\_\_\_\_