



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: _____