CONTRACTOR: _____

PROJECT TITLE: _____

DATE: _____

SELECT ONE: ☐ PRIME ☐ SUBCONTRACTOR

STATEMENT OF COMPLIANCE
(Certified Under Penalty of Perjury)

PAYROLL PERIOD: _____to _____

PAYROLL NUMBER(S): _____

BENEFITS: ◯ Union Contractor ◯ Non-Union Contractor ◯ No Benefits Provided

I, _____, the undersigned _____
(Name – Print) (Position in business)

with the authority to act for and on behalf of _____
(Name of business and/or contractor)

certify under penalty of perjury that the records or copies thereof submitted and consisting of

_____ are the originals or true, full, and correct copies of the originals which depict the
(Description / no. of pages)

payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named.

SIGNATURE: _____

TITLE: _____

DATE: _____