

Request for Certified Payroll Reports

CERTIFIED PAYROLL REPORTS MUST BE REQUESTED AT LEAST ONE (1) WEEK PRIOR TO THE START DATE OF THE CERTIFIED JOB

Client Company: _____ Date or Request: _____

Submitted By: _____ Title: _____

Address: _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Certified Job Name _____

Job Location _____

Job Number _____ Contract Number _____

Start Date _____

Contractor Name: General/ Sub _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Signature Name _____ Title _____

(FOR OFFICE USE ONLY)

No. _____ Dates _____ No. _____ Dates _____ No. _____ Dates _____

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No. _____ Dates _____ No. _____ Dates _____ No. _____ Dates _____

Date Completed _____ Completed By _____