

T & M CERTIFIED TRANSCRIPT OF PAYROLL

COMPANY NAME:

CONTRACT #:

PAYROLL PERIOD ENDING:

EMPLOYEE NAME	CLASSIFICATION	S	М	Т	W	TH	F	S	HOURS	BASIC RATE	H&W	PENSION	ANNUITY	TOTAL WAGE
TOTAL														

I certify that this payroll is correct and complete, that the wage rates contained therein are not less than the applicable rates contained in the wage determination decision of the Illinois Department of Labor for Jackson County and that the classification set forth for each Laborer conform with the work he performed.

SIGNATURE