



RI Clean Water Finance Agency
235 Promenade Street, Suite 119
Providence, RI 02908
Tel: (401) 453-4430; Fax: (401) 453-4094

ARRA Weekly Payroll Labor Standards Compliance Report

Borrower _____

Project Name _____

Name of Company: _____

DUNS Number: _____

(check one) **Prime Contractor** _____ **Subcontractor** _____
 A/E Firm _____ **Other (Specify)** _____

Payroll Period: From _____ **to** _____ **Hrs. in Standard Work Week** _____

Contract Hours Worked: **Covered By Certified Payroll** _____ **Hours**

Not Covered By Certified Payroll _____ **Hours**

Total Hours Worked _____ **Hours**

Total Number of Personnel Worked _____

Total Number of Personnel Worked Not Counted In a Previous Report _____

Total Payroll Expenses \$ _____

Certified Payroll and Statement of Compliance Properly Completed & Signed?: _____ **Yes** _____ **No**

 _____ **N/A not covered by certified payrolls**

Compiled By: _____

Title: _____

I attest that all documents used to calculate the hours worked are true and available for inspection upon request.

Signature of Compiler

Date