

U.S. Department of Labor
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/w1347instr.htm)



OMB No. 0143-120715
Expires: 01/31/2015

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR

PAYROLL NO. 001

FOR WEEK ENDING 04/19/2014

ADDRESS [REDACTED]

PROJECT OR CONTRACT NO. [REDACTED]

PROJECT AND LOCATION City of Harrisburg Phase II

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK				
			S	M	T	W	T	R	S				FICA	WITH-HOLDING TAX	OTHER		TOTAL DEDUCTIONS			
																		HOURS WORKED EACH DAY		
XXX-XX-XXXX	1	Finisher	0	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	32.54	9.00	\$617.50	\$57.41	\$137.67	\$195.08	\$555.42	
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$750.50	\$71.72	\$189.51	\$407.09	\$530.41
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$287.50	\$10.71	\$3.44	\$14.15	\$125.85
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
XXX-XX-XXXX	0	Finisher	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$937.50					
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
XXX-XX-XXXX	1	Laborer	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00					
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				
			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$140.00				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.54(a)(9)(i) require contractors to submit weekly a copy of all reports to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 3452Z, 200 Constitution Avenue, NW, Washington, D.C. 20210

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U.S. DEPARTMENT OF
LABOR
Wage and Hour and Public
Contracts Division

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
STATEMENT OF COMPLIANCE

Form Approved
Budget Bureau No. 44-R1093

Date MM/DD/yr

I, John Doe (Name of signatory party) General Manager (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by ABC Company (Contractor or subcontractor) on the Project # + name (Building or work); that during the payroll period commencing on the 5 day of May 20 13 and ending the 11 day of May, 20 13, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made directly or indirectly to or on behalf of said ABC Company (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 wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 948.63 Stat. 108, 72 Stat.967; 76 Stat. 357; 40 USC. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

or

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
<u>Child Support</u>	
<u>Insurance (AFLAC, etc.)</u>	
<u>Garnishment</u>	
Remarks	

Name and Title <u>John Doe / General Mang.</u>	Signature <u>John Doe</u>
The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States code.	

PAVEMENT MARKING CONTRACTOR'S DAILY LOG AND QUALITY CONTROL REPORT

Contractor: Pavement Marking, Inc. for Joe's Paving Co.		Date: 6/22/11	Start Time: 11:00 AM	Finish Time: 4:00 PM
Job/Project No: PM8P-968-F13,N501			Sheet	1 of 1
Weather: <u>Sunny</u>				
Air Temp. (Start) 75	Air Temp. (Finish) 84	Surface Temp. (Start): 70		

* MATERIALS DOCUMENTATION:

Type of Material	Quantity	Units	Certification Letter (Type/Date)	MS Number	Exp. Date
<u>Thermoplastic</u>	300	lbs.	<u>Cert. I 5/16/11</u>	37221	5/16/12
<u>Glass Beads</u>	60	lbs	Cert I 3/6/11	VTP-73-11	3/6/12
<u>Paint</u>	4.2	Gal	Cert I 1/15/11	21038	1/15/12
Glass Beads	25	lbs	Cert I 2/10/11	VTP-72-11	2/10/12

WORK COMPLETED:

Type of Marking	Contract Item No.	Quantity	Units	Location/Description	Width	Color
Ty. B CL.I	54032	2530	LF	<u>sta. 150+00 - 180+80</u> <u>Edge line</u>	4"	White
Ty. B CL.I	54032	5160	LF	sta. 150+00 - 180+80 Double Line	4"	Yellow
Ty. F Cl. I	54522	1374	LF	sta 150+00- 190+30 Temp. Double Line	4"	Yellow

Quality Control Measurements:

Material Type	Q.C. Measurement (Units)	Location	Time	Inspector (Initial)
Thermoplastic	88 mils	<u>sta. 164+00</u>	11:00	C.L.P
Beads	6.4 lbs / 303 lf	sta. 164+50	11:10	C.L.P.
Thermoplastic	92 mils	sta. 180+50	2:00	J.B.C.
Beads	7.1 lbs / 303 lf	sta. 180+90	2:20	J.B.C.
Ty. F Paint	15 Mils	sta. 190+10	3:15	J.B.C.
Beads	6 lbs / gal	sta. 190+20	3:20	J.B.C.

* Material shipped under this certification has been tested and approved by VDOT as indicated by laboratory test numbers listed hereon.

Contractor Q. C. Technician	<i>Sam Thorn</i>	Date	6/22/11
VDOT Representative	<i>James Clayton</i>	Date	6/22/11

Copy District Traffic Engineer
District Materials Engineer

Pay Quantity to be based on actual field measurement verified by the Engineer.