

# AFFIDAVIT

## Weekly Statement of Compliance

Date: \_\_\_\_\_

I, \_\_\_\_\_ (name  
signatory party), \_\_\_\_\_ (title),  
do hereby state: that I pay or supervise the payment  
of the persons employed on the public works project

\_\_\_\_\_ (name  
of project); that during the payroll period commencing

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), and

ending on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year),  
all persons employed on said project have been  
paid the full weekly wages earned, that no rebates  
have been or will be made either directly or indirectly

to or on behalf of said \_\_\_\_\_  
(name of 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 weekly wages earned by any  
persons, other than permissible deductions as  
defined by Federal and/or State law. I further certify  
that this payroll is correct and complete; that the wage  
rates contained therein are not less than the actual  
rates herein stated and that the classification set forth  
for each laborers or mechanic conform to the work  
he/she performed.

Signature: \_\_\_\_\_

# SUBCONTRACTORS

Attach explanation of monies paid, copy of contract or billing, or other pertinent information.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_