**Payroll Certification**

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| --- | --- | --- | --- | --- |
| Project Name (RQ): 00#### | |  | Name Public Housing | |
| Certification Number: ## |  | | Payroll Period: | ##/##/## - ##/##/## |
|  | |  |  | |
| Primary Contractor Company Name: | |  | | |
| Sub-Contractor(s) Company Names: | |  | | |

Sub-Contractor(s) Company Names & Job Performing:

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|  |

Date in which the payroll was submitted to the CM/PM by prime contractor:

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| --- | --- | --- |
| Contractor Name | | |
| Payroll Number | Period | Date submitted |
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|  |  |  |
|  |  |  |
|  |  |  |
| Sub-Contractor Name | | |
| Payroll Number | Period | Date submitted |
|  |  |  |
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|  |  |  |
|  |  |  |
| Sub-Contractor Name | | |
| Payroll Number | Period | Date submitted |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub-Contractor Name | | |
| Payroll Number | Period | Date submitted |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub-Contractor Name | | |
| Payroll Number | Period | Date submitted |
|  |  |  |
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Findings:

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Corrective action solicited by the CM/PM:

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CM recommendations for certification payment or non-payment:

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| --- | --- | --- |
| CM/PM Name | | |
| Name  Compliance Monitor |  | Name  Resident Engineer |
|  |  |  |
| Signature |  | Signature |
|  |  |  |
| Date |  | Date |

Form AVP-500712

Rev. June 2017

**Note: This certification must be included with the contractor payment certification.**

**Send a copy to PRPHA Labor Standars Compliance Monitor.**