(See Sections 290.210 to 290.340, RSMo and 3 CSR 30-3.010 to 8 CSR 30-3.060) Contractor Subcontractor Name of Address: City: ZIP: Phone Number: (State: Name of Public Body Address: City: ZIP: Phone Number: (State: For Week Ending: Project and Location: Project or Contract No.: Payroll No.: Fringe Day and Date Deductions or S.T. Amt. Paid Net Occupational Hourly Gross Name and Address in Cash Wages Total With-Title Rate of Amount Total of Employee Added to Paid for Hours **FICA** holding Other O.T. Pay Earned *** Deductions Rate of Week Tax Hours Worked Each Day Pay O S O S O S O S O S O S O S O S

Date:/	Employee Name	Health and Welfare		Vacation	Holiday	Apprentice Training	Other*	Other*	Other*
(Name of Signatory Party) (Title)									
do hereby state:									
(1) That I pay or supervise the payment of the persons employed by									
on the									
(Contractor or Subcontractor)									<u> </u>
; that during the payroll period commencing on the									
day of, and ending the day of,									<u> </u>
all persons employed on said project have been paid the full weekly wages stated above, that no rebates have been or will be made either directly or indirectly to or on behalf 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 wages earned by any person, other than permissible deductions, that full and accurate records clearly indicating the names, occupations, and crafts of every workman employed by them in connection with the public work together with an accurate record of the number of hours worked by each workman and the actual wages paid for each class or type of work performed and deduction made for each worker, that these payroll records are kept and have been provided for inspection to the authorized representative of the contracting public body and will be available often as may be necessary and such records shall not be destroyed or removed from the state for the period of one year following the completion of the public work in connection with which the records are made.	*If "Other," please explain:								
(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 order incorporated into the contract; that the occupational title set forth therein for each laborer or mechanic conform with the work he or she performed.	Identify by name plan, fund, or programs to which fringe benefits are paid:								
(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 Office of Apprenticeship (OA), U.S. Department of Labor (USDOL), or if no such recognized agency exists in a state, are registered with the OA, USDOL.									
FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS									
In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart (if fringe benefit amounts paid are the same for all employees, you may list the amount of each such	Name and Title Signature								
identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts paid on behalf of each employee for each fringe benefit):	The falsification of any of the above statements may subject the contractor or subcontractor to criminal prosecution. See Sections 290.340, 575.055 and 575.080, RSMo.						0		