Weekly Certified Payroll Review
Week Ending_____

Project Name:	Contract Award Date:	Prevailing Wage Rate (As per Official Wage Determination)				Wage Determinations Used				Month_____					Initial CPR Y/N	Final CPR Y/N
County:	Project #					NJ Date	NJ Statewide Date	Federal Date	Union Shop (Y / N)	Must submit ORIGINAL Blue Ink to NJEDA Attention: Lorena Young 36 West State Street Trenton, NJ 08625						
GC/Sub :		Class (J/F/AP)	Base Rate	Fringe	Prevailing Wage Rate											
Employee Name	Sec 3 / Trade/ Classification									Actual Amount Paid (Cash)	Amount Paid to a Benefit Fund, Program or Plan **ONLY**	Total	Difference (+ or -)	Under Payment Amount Paid	Work Hour Straight and OT	Gross Amount Verified (for this project ONLY)

Contractor Supporting Documents (Y/N)	
Does this CPR have benefit, plan, program funds?	
Is this week's Contribution Report attached?	
Are there Apprentices?	
Is the NJ Approved Apprenticeship Certificate attached?	

EDA Use Only	
Received Date:	
Reviewed Date:	
Reviewer Name:	
Approved by:	
Date:	

Reviewer Notes / Deficiencies - For EDA Use ONLY	
Corrections/ Updates Received	