Weekly Certified Payroll Review Week Ending_____

Project Name:	Contract Award Date:					Wage Determinations Used Month Initial CPR Y/N										Final CPR Y/N
County:	Project #	Prevailing Wage Rate (As per Official Wage Determ		Wage Rate age Determin	ation)	NJ Date	NJ Statewide Date	Federal Date		Must submit ORIGINAL Blue Ink to NJEDA						
GC/Sub :		Class		F :	Prevailing				Union Shop (Y / N)	Attention: Lorena Young 36 West State Street Trenton, NJ 08625						
Employee Name	Sec 3 Trade/ Classification	(J/F/AP)	Base Rate	Fringe	Wage Rate	<u> </u>				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 and Paid Cash ONLY)
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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?					Reviewer No	ites / Defic	iencies - Fo	or EDA U	se ONLY	Y						
EDA Use Only		1						_	_							
Received Date: Reviewed Date: Reviewer Name:					Corrections/	Updates I	Received									
Approved by: Date:																