

CONSULTANT NAME
CERTIFIED PAYROLL SUMMARY

PROJECT NUMBER

F.A.P. NUMBER

FOR THE PERIOD

TO

EMPLOYEE NAME	TITLE	HOURS	HOURLY RATE	REGULAR PAY	OVERTIME PREMIUM	TOTAL

SUBTOTAL _____

DIRECT COST EXPENDITURES (SEE BELOW) _____

*BURDEN FRINGE AND OVERHEAD COSTS @ __% _____

TOTAL COSTS _____

SUMMARY OF DIRECT COSTS FOR

1. MILEAGE (ATTACH BREAKDOWN OF DAILY MILEAGE):

2. TELEPHONE CALLS (PAID RECEIPTED BILLS)

(& PHONE LOG OF CALLS)

3. MISCELLANEOUS: PRINTING EXPENSE

POSTAGE

FILM DEVELOPING EXPENSE

TOTAL DIRECT COSTS

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* IF APPLICABLE

(ATTACH APPLICABLE TIME SHEETS)

(ATTACH CANCELLED CHECK OR SIGNED STATEMENT FROM CONSULTANT PAYMENT RECEIVED)

I, _____, DO HEREBY CERTIFY THAT DURING THE PERIOD COVERED BY THIS PAYROLL, ALL
ALL PERSONNEL SHOWN WERE GAINFULLY EMPLOYED IN SERVICE FOR THE TOWN. AND
THEIR CLASSIFICATION, RATE OF PAY HOURS AND AMOUNT EARNED IS A TRUE AND
ACCURATE REPORT.

SIGNED _____

NOTE: TITLES MUST BE IN THE AGREEMENTS OR ARE NOT REIMBURSABLE
HOURLY RATES MUST NOT EXCEED THE ALLOWABLE RATES