Company Letterhead (Optional)

Date:				
To: VTrans Office of Civil Rights				
Project Name & Number:				
Attached are the certified payroll mentioned project.	records and Stateme	ent of Complia	ance form for the above	
Company Name:	Pay Date:		Week Ending:	
Nama & Campany Nama		Dete		
Name & Company Name		Date		
	-			