

Optional  
[COMPANY LETTERHEAD]

Date: \_\_\_\_\_

To: Sonya Boisvert  
\_\_\_\_\_  
VTrans Office of Civil Rights  
[Sonya.Boisvert@vermont.gov](mailto:Sonya.Boisvert@vermont.gov)  
802-279-1330  
\_\_\_\_\_

Project Name & Number: \_\_\_\_\_

Pay Date: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Attached are the certified payroll records and Statement of Compliance form for the Prime Contractor on the above mentioned project.

Also attached are the certified payroll records and Statement of Compliance form for each of the following approved SUBCONTRACTORS employed on the project:

Company Name:	Pay Date:	Week Ending:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
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Name & Company Name

Date