

Optional
[COMPANY LETTERHEAD]

Date: _____

To: Sonya Boisvert
VTrans Office of Civil Rights
Sonya.Boisvert@vermont.gov
802-279-1330

Project Name & Number: _____

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

Company Name:	Pay Date:	Week Ending:

Name & Company Name

Date