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| --- |
| **For Prime Contractor Only:**  |
| Prime Contractor name & address: |  |
| Prime Contractor phone, fax, and email: |  |
| Payroll Period:  |  |
| Date sent to Administrator: |  |
| **For CDBG Certified Administrator Only:** |
| CDBG Project Title & Number: |  |
| Date of receipt: |  |
| Received by: |  |
| Date of review: |  |
| Reviewed by: |  |

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| --- |
| Comments:  |