DEPARTMENT OF TRANSPORTATION
SUMMARY OF UNDERPAYMENTS

EMPLOYER *(Company Name)*

CONTRACT NUMBER

PRIME CONTRACTOR *(Company name)*

EMPLOYEE NAME	UNDERPAYMENTS			CWHSA* LIQUIDATED DAMAGES
	DAVIS-BACON ACT	CWHSA*	TOTAL	
	$	$	$	$
TOTAL	$	$	$	$

*** Contract Work Hours and Safety Standards Act**