



10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190  
Phone: 501-682-4536 Fax: 501-682-4508 TRS: 800-285-1131

**PLEASE COMPLETE FORM PER INSTRUCTION SHEET AND RETURN TO ABOVE ADDRESS**

<p><b>1. Your Company</b> (Name, Address, &amp; Phone #)</p>  <input type="checkbox"/> Union (If you are a Union contractor, see below.)	<p><b>2. Project Information</b> (Name, Location, &amp; Work Performed)</p>  City: _____ County: _____
<p><b>3. Type of Contract:</b>  <input type="checkbox"/> General                      <input type="checkbox"/> Subcontractor  <i>If subcontractor, please list the General Contractor below:</i></p>	<p><b>4. Value of Contract:</b></p> <p><b>5. Type of Construction:</b>  <input type="checkbox"/> Building                      <input type="checkbox"/> Heavy</p>
<p><b>6. Dates of Construction:</b>          Date Began: _____          Date Completed: _____          Percentage to Date: _____</p>	<p><b>7. Is This Project Subject To:</b>  <input type="checkbox"/> Federal (Davis-Bacon) Wage Det. # _____  <input type="checkbox"/> State Prevailing Wage Det. # _____  <input type="checkbox"/> Neither of the Above.</p>

8. Pay Period Ending Date	9. Classification / Craft of Employee	10. Basic Hourly Rate (No Averages)	11. Number Employed at Rate	12. Fringe Benefits (Amount per Hour)

**13. Submitted By:**

Printed Name	Title
Signature:	Phone Number
	Date of Report

**Union Information:** (please indicate below, the Union and Local(s) from which you hire.)