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	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
TOTAL	$0.00	$0.00	$0.00	$0.00

* Contract Work Hours and Safety Standards Act

Form DOT F 4220.8 (Rev. 10/94)

PREVIOUS EDITION IS OBSOLETE

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