FORM CC-10

COMPANY NAME		PRIMECONTRACTOR	
PROJECT NAME		SUBCONTRACTOR	
AWARDING AUTH.		(LIST PRIME CONTRACTOR)	
WORK WEEK ENDING		EMPLOYER SIGNATURE	
	FINAL REPORT	PRINT NAME AND TITLE	

EMPLOYEE NAME & ADDRESS	WORK CLASSIFICATION	HOURS WORKED							(A) Total Hrs.	(B) Hourly Base Wage	EMPLOYER CONTRIBUTIONS			(F) [B+C+D+E] Hourly Total Wage (Prev Wage)	(G) (A*F) Weekly Total Amount
		S	M	T	W	T	F	S			(C) Health & Welfare	(D) Pension	(E) Supp. Unemp.		