



INTERNATIONAL BOUNDARY & WATER COMMISSION
NONPERFORMANCE PAYROLL REPORT

Project: _____ Contract Number: _____

USIBWC's Contractor: _____

Prime ☐ Subcontractor ☐

Name of Contractor: _____

Address: _____

Payroll Number: _____

For Week Ending: _____

I hereby certify that no employees or owner/operators were used on this construction project by my company during the payroll period that ended on the date shown above.

This form is provided in lieu of a DOL WH-347 form or equivalent certified payroll.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Name of Contractor's Representative

Contractor's Representative Title

Contractor's Representative Signature

Date Signed



INTERNATIONAL BOUNDARY & WATER COMMISSION NONPERFORMANCE PAYROLL REPORT INSTRUCTIONS

Complete this form for nonwork periods in lieu of a DOL WH-347 form or equivalent certified payroll.

Prime or Subcontractor: Check the correct box indicating whether this form is being filled out by the prime contractor or a subcontractor.

Name and Address: Fill out the company name and address for the prime contractor or a subcontractor completing this form.

Payroll Number: Provide the correct payroll number that this form covers.

Week Ending: Provide the ending date of the work week that this form covers.

Signature of Contractor's Representative: Insert scanned or digital signature. Person signing this form shall pay personnel or supervise payment under this construction project.

Name of Contractor's Representative: Provide name of person signing form.

Title of Contractor's Representative: Provide title of person signing form.

Date: Enter date form signed.



INTERNATIONAL BOUNDARY & WATER COMMISSION
NONPERFORMANCE PAYROLL REPORT

Project: Make Believe Levee Work Contract Number: 191BWC99C9999

USIBWC's Contractor: ABC Excavation & Construction

Prime ☒ Subcontractor ☐

Name of Contractor: Mesa Hauling

Address: 4191 N Mesa, El Paso, TX 79902

Payroll Number: 5

For Week Ending: 12/01/2020

I hereby certify that no employees or owner/operators were used on this construction project by my company during the payroll period that ended on the date shown above.

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Contractor's Representative Signature

John Doe
Name of Contractor's Representative

Payroll Clerk
Contractor's Representative Title

12/06/2020
Date Signed