



## Statement of Authorized Signatory Party (For submitting electronic certified payroll records)

This form is to serve as a letter acknowledging that I, \_\_\_\_\_  
will serve as the authorized signatory party for weekly certified payroll reports for  
the following Sandia Labs contract number, \_\_\_\_\_ (Example 1484583)

In order to setup the master payroll please provide the following:

- Type of Fringe Benefits ( Cash or  Plan)
  - If Plan, provide Plan Name: \_\_\_\_\_
- Week End Date:
- Actual Construction Start Date:  End Date:

The company official is required to notify, via email ([certpay@sandia.gov](mailto:certpay@sandia.gov)), Sandia National Laboratories with any changes, additions, or deletions.

If you have any questions or concerns, please contact us at [certpay@sandia.gov](mailto:certpay@sandia.gov).

Name of Company Official: \_\_\_\_\_

Phone Number:  Today's Date

Please email form to: ([certpay@sandia.gov](mailto:certpay@sandia.gov))

**Last Updated 5/01/17 by Org 10221**

Sandia National Laboratories is a multimission laboratory managed and operated by National Technology and Engineering Solutions of Sandia, LLC., a wholly owned subsidiary of Honeywell International, Inc., for the U.S. Department of Energy's National Nuclear Security Administration under contract DE-NA0003525.

List of subcontractors and their job function (i.e. electrical, mechanical, etc.):

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Contractor Name)	(Email address)	(Job Function)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Sub Name)	(Email address)	(Job Function)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Sub Name)	(Email address)	(Job Function)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Sub Name)	(Email address)	(Job Function)
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Sub Name)	(Email address)	(Job Function)

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