TA-W44127 (04/2019)

Clear Form

New York State Thruway Authority

P.O. Box 189
Albany, New York 12201-0189

CONSULTANT'S PAYROLL ABSTRACT

Contract No. D ____________________ Estimate No. ________________

Contract Name __________________________________ Sheet _____ of _____

For Work Period ______________ to ______________
(mm/dd/yyyy) (mm/dd/yyyy)

NOTE: Use continuation sheet and carry total forward when items are too numerous to record below:

Employee's Name	Title as Shown in Contract	Hourly Rate	Hours	Direct Technical Salary	Overtime Premium