Notice of Work Completion





Section	
	-

Facility/Site:	
Company Name:	Contact Name:
Work Description:	Contact Phone:
Contract #:	Line#:
E-Mail:	Start Date:
Hiring Contractor:	Completion Date:
Section II	
Original Contract Value:	Total Unburdened Payroll:
Change Order Amount(s):	Total Limited Payroll (NY Only):
Final Contract Amount	
(including any sub-tier contracts): Final Self-Performed Contract Amour	Total Payroll Hours:
):
Above Contractor's Sign-Off:	
<u> </u>	contractors) has been completed and all payrolls have been submitted.
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Contractor's Signature:	Date:
	Hiring Contactor
Print Name:	Company Name:
To be submitted to general (prime) contractor for	r completion
General Contractor's	
Signature:	
	General Contractor
Print Name:	Company Name:

Port Authority of NY & NJ OCIP Administration

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