TA-W44127-9 (02/2007)

New York State Thruway Authority • New York State Canal Corporation
P.O. Box 189
Albany, New York 12201-0189

Clear Form

CONSULTANT'S PAYROLL ABSTRACT

Contract No. D _____ Estimate No. _____

Contract Name _____ Sheet _____ of _____

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