

LIPSKY
814 Montauk Hwy
Bayport, NY 11705
631-472-4454



**PAYROLL SUPERVISOR
FORM**

DATE

Name
Address
Address

I being duly sworn, deposes and says

that I am the President of
subcontractor named in the written agreement with Lipsky dated

Despondant hereby avers that they have appointed

whose signature appears below, to supervise the payment of employees

That he/she is in a position to have full knowledge of the facts set forth in the payroll documents and in the statement of compliance required by the so-called Kick-Back Statue which he/she is to execute with full authority and approval.

Despondant hereby avers it will notify Lipsky in writing if a new payment supervisor is appointed.

CONTRACTOR / VENDOR

Sign: _____
Print: _____
Title: _____
Date: _____

State Of New York
County of _____

On the _____ day of _____
in the year _____ before me, the undersigned notary
public, personally appeared _____
personally known to me or proved to me on the basis of satisfactory
evidence to be the individual(s) whose name(s) is (are) subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in
his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument,
the individual(s) or the person upon behalf of which the individual(s) acted, executed
the instrument.

PUBLIC NOTARY STAMP