**TEMPLATE 4T14** **Part 1**

## Contractors Report

### CONTRACTOR MONTHLY REPORT

**Project No: ………………….Project Name: …………………………………**

**Contract No: ………………..**

**Contractor Name: ………………………………………………………………………**

**Claim No: ……………………..For Period Ending: …………………………….**

**Date of Report: ……………………………….**

The Contractors Monthly Report comprises an integral part of the Contractors Payment Claim and processing of the payment claim is not permitted without this report also being submitted i.e.

“NO REPORT – NO PAYMENT”.

**Attachments:**

Part 2 Overall Project Worker Schedule: Schedule of all local labourers employed since the start of the project

Part 3 Weekly Task Wage Register

#### Part 4 Local Labour Schedule

### OVERALL PROJECT WORKER SCHEDULE (local labourers only) PART 2

### Contract No: ……………

Project No. ……………………………….. Project Name: …………………………………………………………………….

Month of Report: ………………………………………………. Sheet: ………….. of ………….

Names of all **Local Workers** employed **at any time on the project** are to be entered in the table below irrespective of how long they worked on the project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Name of Local Worker | Identity Number | Month Worker Started | Age of Worker | Tick if Yes |
| Woman | Man |
| Over 25 yrs2A | 25 yrs & under2B | Over 25 yrs2C | 25 yrs & under2D |
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|  |  |  |  |  |  |  |  |  | Total No. of workers Employed |
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| **Totals for this sheet** |  |  |  |  |
| **Totals from previous sheet** |  |  |  |  |
| **Totals carried forward to next sheet** |  |  |  |  |  |
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Place a tick in the box which corresponds to the Gender and Age of the Worker

### Completed by: Name: …………………………… Signature:…………………………… Capacity …………………… Date:…..………..

###  WEEKLY TASK WAGE REGISTER (local labourers only) Contract No: ………………… PART 3

Project No. …………………….. Project Name: ……………………………. Week Ending: ……………………. Sheet:….. of ….

|  |  |
| --- | --- |
| **Entries in this portion to be completed by Foreman** | **Entries in this portion to be Completed by Contractor** |
| No. | Name of local worker | Day Tasks Worked | Payment |
| Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total DAY TASKS worked this week | Rate per DAY TASK | Total Payment due to Worker | Workers signature on receipt of Payment | Date Payment Received by Worker |
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| Totals This Sheet |  |  |  |  |  |  |  |
| Totals Brought Forward From previous Sheet |  |  |  |  |  |  |  |
| Totals Carried Forward to next sheet |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **3(A)** |  | **3(B)** |  |  |  |  |

Completed by: Name: ……………………. Signature: ………………… Capacity: ……………… Date: …………………….

###### LOCAL LABOUR SCHEDULE PART 4

**Contract No: ……………….. Date of Report: ……………………………….**

**Project No: …………………. Project Name: …………………………………**

**Claim No: …………………….. For Period Ending: …………………………….**

**Contractor Name: ……………………………...………………………………………………**

###### 1. Summary of Day Tasks worked and Amount Spent on Local Labour this month

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Total Day Tasks / Person Days Worked** | **Total Amount Paid** |
| **Week No.** | **Week Ending** | (Total of 3(A) from Part 3 for each week) | (Total of 3(B) from Part 3 for each week) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| **Total** |  |  |  |  |  |

2. Summary of Amount Spent on Local Labour to date

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Previous Amount Spent on Local Labour (From previous claim)** |  |  |  |
| **2. Amount Spent on Local Labour this month** (From **Total** above) |  |  |  |
| **3. Total Amount Spent on Local Labour to date (3)=(1+2)** |  |  |  |

###### 3. LOCAL LABOUR SCHEDULE

|  |  |  |
| --- | --- | --- |
| **Summary of Local Labour Employed** | No. of local workers who worked on the project to date(From Part 2) | **% of Total** |
| Columns refer to Columns in Part 2 |
| 1. Total No. of **individual local workers** who have worked on the Project (Column N) |  | 100%  |
| 2. How many of the Total No. are **local youth** (25 yrs and under) (Column B & D) |  |  |
| 3. How many of the Total No. are **local women** (Column A+B) |  |  |

**Completed by: ……………………….…..…………………………..………………………………** Name Signature Capacity Date