NO WORK PERFORMED

Every week must be accounted for once the project begins. If there is a period when no work is performed during a given week, submit this form for the period of time when there will be no activity on the project. This form may cover multiple weeks.

Project No.	Project Name
hereby certify that no work has been/will be perf	ormed by the undersigned contractor and/or
employees during the period dating from:	to
Name	Title
Signature	Date