



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
LETTER OF PAYROLL AUTHORIZATION FOR PUBLIC WORKS (FEDERAL)

Project Name: \_\_\_\_\_

Contract Number \_\_\_\_\_

*The following person is designated as the payroll officer for the undersigned and is authorized to certify all weekly payroll records for this project.*

\_\_\_\_\_  
Payroll Officer (Name)

By: \_\_\_\_\_  
Payroll Officer (Signature)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Principal Name)

By: \_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Contractor License Number)

\_\_\_\_\_  
(Date)

**NOTE: THIS FORM IS TO BE SUBMITTED WITH YOUR 1<sup>ST</sup> PAYROLL. (PAYROLL No. 1)**