(Company’s Letterhead Must be the Legal Name of Company)

**SELF CERTIFIED REPORT ON THE**

**STATEMENT OF DIRECT LABOR, FRINGE BENEFITS, AND GENERAL OVERHEAD FOR THE YEAR ENDING DECEMBER 31, 20**

Texas Department of Transportation

Austin, Texas

In accordance with Section 9.34 (b) of Title 43 in the Texas Administrative Code, ***TYPE Company Legal Name***have prepared a Statement of Direct Labor, Fringe Benefits, and General Overhead, hereinafter referred to as “the Schedule”, for the fiscal year ended ***December 31 20***. The Schedule is the sole responsibility of the Company’s management. The Company’s management expresses and certifies that the Schedule is accurate and correct and was developed from the financial records of the Company.

Management has prepared the Schedule in manner to obtain reasonable assurance that the Schedule is free of material misstatement. The self-certified report includes examining the evidence supporting the amounts and disclosures in the Indirect Cost Schedule. Management follows the general accepted accounting principles for recording all their accounting transactions.

The accompanying overhead schedule was prepared on a basis of accounting practices prescribed by Part 31 of the Federal Acquisition Regulations (FAR) and certain other Federal and State regulations as discussed in Note B and is not intended to be a presentation in conformity with generally accepted accounting principles.

Management states that the overhead schedule referred to above presents fairly, in all material respects, the direct labor, fringe benefits, and general overhead of the Company for the year ended ***December 31, 20*** based on accounting described in Note B.

In accordance with FAR 31 and other Federal and State Regulations, Management has issued a report dated

***20***. This report is intended solely for the use and information of the Company and for the Texas Department of Transportation and should not be used for any other purpose.

**President** (print name)

**Company Legal Name**

**Date:**

**STATE OF TEXAS, COUNTY OF**

**SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF , 20**

**(NOTARY SEAL)**

**Notary Public**

**Print Name:**

**My Commission Expires:**