

(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, *Legal Name of Company* 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

Legal Name of Company

DATE:

STATE of TEXAS
COUNTY of

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

Notary Public

(NOTARY SEAL)

Print Name
My Commission Expires: