



New Jersey Chapter

**PREVAILING WAGE INITIATIVE
Request for Audit**

Project Name: _____

Project Address: _____

Awarding Agency Name: _____

Awarding Agency Address: _____

Date of Bid: _____

Date of Award: _____

Successful Prime Contractor: _____

Union - yes or no

Attach Scope of work from bid specifications or Bid Advertisement

Please return this form to Diane Blair at dblair@abcnjc.org