Artisan Contractors Associated LLC

Weekly *Payment Distribution Report*

Payment Week End: _____ ***Reporting Date:*** _____

Lead Associate Member Number:

Member Full Name	***Gross Amount***	***Deductions***	***Net Pay***
Totals			

I hereby certify the above record is a true and acurate report of amounts to be distributed to the listed Lead/Limited Member Associates of Artisan contractors Associated LLC.

_____

Authorized Payroll Processor *Date*