



3 Edgewater Drive
 Suite 202
 Norwood, MA 02062
 Phone: (844) 575-2001

Invoice

LAN-TEL (Security)

Date: 2/28/2023
Invoice No.: 28698

Bill to: CITY OF SOMERVILLE
 ATTN: MIKE BOWLER
 1 FRENEY RD.
 SOMERVILLE, MA 02145

Service at: DEPARTMENT OF PUBLIC WORKS
 17 FRANEY RD
 SOMERVILLE, MA 02145

Customer ID: SOMERCI

Description: Work Order 83402 1 - Standard Repair
Terms: Net 30

Reference: Work Order 83402
PO Number:

Work Performed:
 Somerville DPW: Access control and Aiphone at Recreation Dept.

Item	Description	Quantity	Unit Price	Amount
Miscellaneous				
02/24/23	Labor - Week of 10/3/22	22.00	135.00	2,970.00
02/24/23	Labor - Week of 10/10/22	36.00	135.00	4,860.00
02/24/23	Labor - Week of 10/17/22	36.00	135.00	4,860.00
02/24/23	1/2 Inch EMT	30.00	1.20	36.00
02/24/23	Crouse 1/2" Compression Conn	4.00	0.57	2.28
02/24/23	Crouse 1/2" EMT Coupler	2.00	0.62	1.24
Miscellaneous Subtotal				12,729.52

Subtotal:	12,729.52
Sales Tax:	0.00
Total Due:	12,729.52



22-5901-20
83402

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

Company Name: LAN-TEL Communications, Inc.		Address: 3 Edgewater Drive, Suite 202, Norwood, MA 02062		Phone No.: (781)551-8599		Payroll No.: 83402	
Employer's Signature: Susan O'Byrne		Title: Billing & Collections Manager		Contract No.: 04-3141040		Work Week Ending Date: October 08, 2022	
Awarding Authority's Name:		Public Works Project Name:		Public Works Project Location:		Min. Wage Rate Sheet No.:	
General/Prime Contractor's Name:		Subcontractor's Name:		* Employer Hourly Fringe Benefit Contributions			

Employee Name & Complete Address	Work Classification	Employee is OSHA certified	Appr. Rate (%)	Hours Worked							Project Hours (A)	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp./Other (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (A*F)	Check No. (H)	
				Public Works Project Location															Total Gross Wages
				S	M	T	W	TH	F	S									
DIAZ JR, RUBEN 32 FAIRVIEW AVENUE MALDEN, MA 02148	TELEDATA	Y		-8.00	8.00	8.00	8.00				8.00	13.00	19.65		83.30	666.40	DD		
LOPEZ BARAHONA: ANGELO R. 727 BLOSSOM ST FITCHBURG, MA 01420	TELEDATA	Y	40%	4.00	2.00	2.00				6.00	13.00	0.62		34.34	2,026.00	DD			
SAVAGE/MARK 66 EMERSON DR NORWOOD, MA 02062	TELEDATA	Y			2.00	2.00				4.00	13.00	19.79		88.04	828.80	DD			
VAZQUEZ CRUZ: DEWARS 209 HEATH ST JAMAICA PLAIN, MA 02130	TELEDATA	Y	55%	4.00	2.00	2.00				6.00	13.00	16.07		56.70	340.19	DD			
										34.00					1,105.20				

NOTE: Pursuant to MGL c. 149, s. 27B, every contractor and subcontractor is required to submit a "true and accurate" copy of their weekly payroll records directly to the awarding authority. Failure to comply may result in the commencement of a criminal action or the issuance of a civil citation.

Date Received by Awarding Authority
/ /

**WEEKLY PAYROLL RECORDS REPORT
& STATEMENT OF COMPLIANCE**

In accordance with Massachusetts General Law c. 149, §27B, a true and accurate record must be kept of all persons employed on the public works project for which the enclosed rates have been provided. A Payroll Form is available from the Department of Labor Standards (DLS) at www.mass.gov/dols/pw and includes all the information required to be kept by law. Every contractor or subcontractor is required to keep these records and preserve them for a period of three years from the date of completion of the contract.

On a weekly basis, every contractor and subcontractor is required to submit a certified copy of their weekly payroll records to the awarding authority; this includes the payroll forms and the Statement of Compliance form. The certified payroll records must be submitted either by regular mail or by e-mail to the awarding authority. Once collected, the awarding authority is required to preserve those records for three years from the date of completion of the project.

Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE

10/8/2

I, Susan O'Byrne, Billing & Collections Manager
(Name of signatory party) (Title)

do hereby state:

That I pay or supervise the payment of the persons employed by
LAN-TEL Communications, Inc. on the Access Cntrl & Aiphone
(Contractor, subcontractors or public body) (Building or project)
and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature: Susan O'Byrne
Title: Billing & Collections Manager



22-5901-20
83402

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

Company Name: LAN-TEL Communications, Inc.	Address: 3 Edgewater Drive, Suite 202, Norwood, MA 02062	Phone No.: (781)551-8599	Payroll No.:
Employer's Signature: Susan O'Byrne	Title: Billing & Collections Manager	Tax Payer ID No.: 04-3141040	Work Week Ending Date: October 15, 2022
Awarding Authority's Name:	Public Works Project Name:	Public Works Project Location:	Min. Wage Rate Sheet No.:
General/Prime Contractor's Name:	* Employer Hourly Fringe Benefit Contributions		

Employee Name & Complete Address	Work Classification	Employee is OSHA certified	Appr. Rate (%)	Hours Worked							Project Hours (A)	All Other Hours	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp./Other (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (A*F)	Check No. (H)		
				Hours Worked																Total Hourly Prev. Wage (F)	Project Gross Wages (A*F)
				S	M	T	W	TH	F	S											
DIAZ JR. RUBEN 32 FAIRVIEW AVENUE MALDEN, MA 02148	TELEDATA	Y		8.00		8.00		8.00		8.00	24.00		50.65	13.00	19.65		83.30	1,999.19	DD		
LOPEZ BARAHONA: ANGELO R. 727 BLOSSOM ST FITCHBURG, MA 01420	TELEDATA	Y	40%							2.00			20.72	13.00	0.62		34.34	68.68	DD		
TODD: JEFFREY P. 77 AUNT LIZZIES IN MARSHFIELD, MA 02050	TELEDATA	Y	50%			8.00							25.32	13.00	15.70		54.02	432.16	DD		
VAZQUEZ CRUZ: DEWARS 209 HEATH ST JAMAICA PLAIN, MA 02130	TELEDATA	Y	55%							-4.00			27.63	13.00	16.07		56.70	-226.80	DD		
										6.00			29.93	13.00	16.44		59.37	129.41	DD		
										30.00								1,017.56	DD		

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Date Received by Awarding Authority: / /

**WEEKLY PAYROLL RECORDS REPORT
& STATEMENT OF COMPLIANCE**

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE

10/15/202.

I, Susan O'Byrne, Billing & Collections Manager
(Name of signatory party) (Title)

do hereby state:

That I pay or supervise the payment of the persons employed by
LAN-TEL Communications, Inc. on the **Access Cntrl & Aiphone**
(Contractor, subcontractors or public body) (Building or project)
and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature: *Susan O'Byrne*
Title: Billing & Collections Manager



22-5901-20
83402

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

Company Name:	Address:	Phone No.:	Payroll No.:
LAN-TEL Communications, Inc.	3 Edgewater Drive, Suite 202, Norwood, MA 02062	(781)551-8599	
Employer's Signature	Title	Contract No.	Work Week Ending Date:
Susan O'Byrne	Billing & Collections Manager	04-3141040	October 22, 2022
Awarding Authority's Name	Public Works Project Name:	Public Works Project Location	Min. Wage Rate Sheet No.
	83402 Access Cntrl & Aiphone		

General/Prime Contractor's Name:	Subcontractor's Name:
	LAN-TEL Communications, Inc.

Employee Name & Complete Address	Work Classification	Employee is OSHA certified	Appr. Rate (%)	Hours Worked							Project Hours (A)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp./Other (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (A*F)	Check No. (H)		
				Hours Worked														Total Hourly Prev. Wage (F)	Project Gross Wages (A*F)
				S	M	T	W	TH	F	S									
DIAZ JR; RUBEN 32 FAIRVIEW AVENUE MALDEN, MA 02148	TELEDATA	Y		8.00							4.00	13.00	19.65		83.30	333.20	DD		
GRIER; JASON P 107 DR. BRALEY ROAD EAST FREETOWN, MA 02717	TELEDATA	Y		8.00							40.00	13.00	19.65		83.30	2,529.90	DD		
TUCKER; GEORGE C 36 ELM ST DRACUT, MA 01826	TELEDATA	Y	40%	8.00							47.00	13.00	0.62		34.34	3,165.63	DD		
											24.00					663.04			

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Date Received by Awarding Authority
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**WEEKLY PAYROLL RECORDS REPORT
& STATEMENT OF COMPLIANCE**

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Each such contractor and subcontractor shall furnish weekly and within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE

10/22/2022

I, Susan O'Byrne, Billing & Collections Manager
(Name of signatory party) (Title)

do hereby state:

That I pay or supervise the payment of the persons employed by
LAN-TEL Communications, Inc. on the Access Cntrl & Aiphone
(Contractor, subcontractors or public body) (Building or project)
and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature: Susan O'Byrne
Title: Billing & Collections Manager



22-5901-20
83402

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

Company Name: LAN-TEL Communications, Inc.		Address: 3 Edgewater Drive, Suite 202, Norwood, MA 02062		Phone No.: (781)551-8599		Payroll No.:	
Employer's Signature Susan O'Byrne		Title Billing & Collections Manager		Contract No. 04-3141040		Work Week Ending Date: October 29, 2022	
Awarding Authority's Name		Public Works Project Name: 83402 Access Cntrl & Aiphone		Public Works Project Location		Min. Wage Rate Sheet No.	

Employee Name & Complete Address	Work Classification	Employee is OSHA certified	Appr. Rate (%)	Hours Worked							Project Hours (A)	Hourly Base Wage (B)	Health & Welfare Insurance (C)	ERISA Pension Plan (D)	Supp. Unemp./Other (E)	Total Hourly Prev. Wage (F)	Project Gross Wages (A*F)		
				S	M	T	W	TH	F	S							All Other Hours	Total Gross Wages	Check No. (H)
BAKER; CHRISTOPHER M 110 METROPOLITAN AVE ROSLINDALE, MA 02131	TELEDATA	Y		8.00							8.00	13.00	19.65		83.30	666.40	666.40	DD	
DIAZ JR; RUBEN 32 FAIRVIEW AVENUE MALDEN, MA 02148	TELEDATA	Y		8.00						28.00	8.00	13.00	19.65		83.30	1,823.40	666.40	DD	
										24.00						1,620.80			

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Date Received by Awarding Authority: _____ / _____ / _____

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Each such contractor and subcontractor shall furnish weekly **and** within 15 days after completion of its portion of the work, to the awarding authority directly by first-class mail or e-mail, a statement, executed by the contractor, subcontractor or by any authorized officer thereof who supervised the payment of wages, this form, accompanied by their payroll:

STATEMENT OF COMPLIANCE

10/29/202.

I, Susan O'Byrne , Billing & Collections Manager
(Name of signatory party) (Title)

do hereby state:

That I pay or supervise the payment of the persons employed by
LAN-TEL Communications, Inc. on the **Access Cntrl & Aiphone**

(Contractor, subcontractors or public body) (Building or project)

and that all mechanics and apprentices, teamsters, chauffeurs and laborers employed on said project have been paid in accordance with wages determined under the provisions of sections twenty-six and twenty-seven of chapter one hundred and forty nine of the General Laws.

Signature: Susan O'Byrne
Title: Billing & Collections Manager