

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

Customer ID: SOMERCI

Description: Work Order 83402 1 - Standard Repair

Terms: Net 30

Service at:

DEPARTMENT OF PUBLIC WORKS

17 FRANEY RD

SOMERVILLE, MA 02145

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
		Miscella	neous Subtotal	12,729.52

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

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

				⊠	MASSACHUSETTS	IUSETT		KLY CE	RTIFIEL	WEEKLY CERTIFIED PAYROLL REPORT FORM	LREP	ORT FO	RM			22-5901-20 83402		STATE OF THE PARTY
Company Name:			Ac	Address:							Ph	Phone No.:				Payroll No.:		
LAN-TEL Communications, Inc.	nc.		(7)	3 Edgewater Drive, Suite 202,	er Drive,	Suite 20.		Norwood, MA 02062	25062				(781)551-8599	1-8599				WALL WOUND
Employer's Signature			TI	Title							Co	Contract No.		Tax Payer ID No.	ID No.	Work Week Ending Date:	nding Date:	
Susan O'Byrne			ш	Billing & Collections Manager	ollections	Manage	_							04-3	04-3141040	0	October 08, 2022	3, 2022
Awarding Authority's Name			Pt	Public Works Project Name:	roject Name	•					Pu	blic Works I	Public Works Project Location	II.		Min. Wage Rate Sheet No.	te Sheet No.	
			ω	83402 Access Cntrl & Aiphone	ess Cntrl	& Aiphoi	ЭС											
General/Prime Contractor's Name:			Su	Subcontractor's Name:	s Name:							*	Employer Ho	urly Fringe B	* Employer Hourly Fringe Benefit Contributions	tions		
			_	LAN-TEL Communications, Inc.	Communi	cations,	Inc.									(B+C+D+E)	(A*F)	
		Employe				Ног	Hours Worked			Pro Ho	Project Hours (A)	Hourly	Health &	ERISA	Supp.	Total	Project Gross Wages	
Employee Name & Complete Address	Work Classificatio		Appr. Rate (%)	S	Σ	H	3	E	ഥ	S All Other Hours		Base Wage (B)	Welfare Insurance (C)	Pension Plan (D)	Unemp./ Other (E)	Hourly Prev. Wage (F)	Total Gross Wages	Check No.
DIAZ JR; RUBEN 32 FAIRVIEW AVENUE MALDEN, MA 02148	TELEDATA	>			-8.00	8.00	8.00				8.00	50.65	13.00	19.65		83.30	666.40	QQ
LOPEZ BARAHONA: ANGELO R. 727 BLOSSOM ST FITCHBURG, MA 01420	TELEDATA	Y	40%		4.00	2.00					6.00	20.72	13.00	0.62		34.34	206.05	DD
SAVAGE;MARK 66 EMERSON DR NORWOOD, MA 02062	TELEDATA	Y				2.00					2.00	55.25	13.00	19.79		88.04	176.08	DD
VAZQUEZ CRUZ; DEWARS 209 HEATH ST JAMAICA PLAIN, MA 02130	TELEDATA	γ.	55%		4.00	2.00	-1				6.00	27.63	13.00	16.07		56.70	340.19	QQ

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.

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'Byzna
Title: Billing & Collections Manager

7
CERTIFIED PAYROI
ACHUSETTS WEEKLY (

			MASSACHUSETTS	HUSET		KLY CI	ERTIFIE	D PAY	ROLL RE	WEEKLY CERTIFIED PAYROLL REPORT FORM	<u> </u>			22-59	83402	STATE OF THE PARTY
Company Name:		Address:								Phone No.:				Payroll No.:		
LAN-TEL Communications, Inc.		3 Edgewa	3 Edgewater Drive, Suite 202,	Suite 20		Norwood, MA 02062	02062				(781)55	(781)551-8599				MA SA
Employer's Signature		Title								Contract No.		Tax Pay	Tax Payer ID No.	Work Week Ending Date:	Inding Date:	
Susan O'Byrne		Billing & (Billing & Collections Manager	s Manag	Je							04	04-3141040)	October 15, 2022	5, 2022
Awarding Authority's Name		Public Works Project Name:	Project Nam	e:						Public Works	Public Works Project Location	ion		Min. Wage Rate Sheet No.	ate Sheet No.	
		83402 Access Cntrl & Aiphone	cess Cnti	1 & Aipho	ne											
General/Prime Contractor's Name:		Subcontractor's Name:	's Name:								* Employer H	ourly Fringe	* Employer Hourly Fringe Benefit Contributions	utions		
		LAN-TEL	LAN-TEL Communications, Inc.	ications,	Inc.									(B+C+D+E)	(A*F)	
Employe	Ð			Ж	Hours Worked	þ			Project Hours (A)	Hourly	Health &	ERISA	Supp.	Total	Project Gross Wages	
Employee Name & Complete Work is OSHA Address Classification certified	Appr. A Rate d (%)	S	×	⊢	A	TH	Ŀ	S	All Other Hours	Base Wage (B)	Welfare Insurance (C)	Pension Plan (D)	Unemp./ Other (E)	Hourly Prev. Wage (F)	Total Gross Wages	Check No. (H)
DIAZ JR; RUBEN TELEDATA Y SERRYIFW AVENTIF				8.00		8.00	8.00		24.00	50.65	13.00	19.65	16	83.30	1,999.19	QQ
MALDEN, MA 02148									8.00						1,620.80	
LOPEZ BARAHONA; ANGELO TELEDATA Y	40%	2.00	0						2.00	20.72	13.00	0.62	2	34.34	89.89	QQ
R. 727 BLOSSOM ST FITCHBURG, MA 01420									30.00						663.04	
TODD; JEFFREY P. TELEDATA Y 77 AUNT LIZZIES IN	%05			8.00					8.00	25.32	13.00	15.70	0	54.02	432.16	αα
MARSHFIELD. MA 02050								- market	32.50						1,208.97	
VAZQUEZ CRUZ; DEWARS TELEDATA Y	25%	-4.00	0						-4.00	27.63	13.00	16.07	7	56.70	-226.80	DD
JAMAICA PLAIN, MA 02130		00.9	0						00.9	29.93	13.00	16.44	4	59.37	129.41	nafinak ing dan kacamatan
		\dashv							30.00						1,017.56	

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.

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

10/15/202.

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'Byzna
Title: Billing & Collections Manager

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

22-5901-20 83402

																	350	M R
Company Name:			A	Address:								Phone No.:				Payroll No.:	HO.	
LAN-TEL Communications, Inc.	Inc.			3 Edgew	ater Driv	e, Suite	3 Edgewater Drive, Suite 202, Norwood, MA 02062	wood, MA	4 02062				(781)551-8599	1-8599				MANUAL MANUAL
Employer's Signature			,	Title								Contract No.		Tax Payer ID No.	D No.	Work Week Ending Date:	Inding Date:	
Susan O'Byrne				Billing &	Billing & Collections Manager	ns Mana	ider							04-31	04-3141040	J	October 22, 2022	2022
Awarding Authority's Name				Public Works Project Name:	s Project Na	me:						Public Works	Public Works Project Location	n.		Min. Wage Rate Sheet No.	ate Sheet No.	
				83402 A	83402 Access Cntrl & Aiphone	ıtrl & Aipl	hone				-							
General/Prime Contractor's Name:			S	Subcontractor's Name:	r's Name:								* Employer Hourly Fringe Benefit Contributions	urly Fringe Be	nefit Contribu	itions		
				LAN-TE	LAN-TEL Communications, Inc.	unication	s, Inc.									(B+C+D+E)	(A*F)	
		Employe					Hours Worked	pes			Project Hours (A)	Hourly	Health &	ERISA	Supp.	Total	Project Gross Wages	
Employee Name & Complete	Work		Appr.	S	M	Т	Μ	TH	F	S	All Other	Base	Welfare	Pension	Unemp./ Other	Hourly Prev. Wage	Total Gross	Check No.
Address	Classificatio	certified (Rate (%)								Hours	(B)	(C)	(D)	(E)	(F)	Wages	(H)
DIAZ JR; RUBEN	TELEDATA	Υ		-4.00	00	8.00	01				4.00	50.65	13.00	19.65		83.30	333.20	DD
32 FAIRVIEW AVENUE MALDEN, MA 02148										ACACTA	40.00						2,529.90	
GRIER; JASON P	TELEDATA	>	T	L	8.(8.00					8.00	59.65	13.00	19.65		83.30	666.40	DD
107 DR. BRALEY ROAD EAST FREETOWN, MA 02717										98	i,					***************************************	67 371 6	
						_					47.00	1					5,165.63	
TUCKER; GEORGE C	TELEDATA	γ γ	40%		8.0	8.00					8.00	20.72	13.00	0.62		34.34	274.73	DD
36 ELM ST DRACUT, MA 01826										16	24.00						663 04	
			†	1	1	4	1	Ţ	1		2001	1	1	1	1	1		

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.

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

10/22/202

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'Byzns
Title: Billing & Collection Manager

MASSACHUSETTS WEEKLY CERTIFIED PAYROLL REPORT FORM

22-5901-20 83402

																	350	R
Company Name:			A	Address:							Pho	Phone No.:				Payroll No.:	HON	TO DE
LAN-TEL Communications, Inc.			(1)	3 Edgewater Drive, Suite 202,	er Drive,	Suite 20		Norwood, MA 02062	02062				(781)551-8599	-8599				WHICH MAS
Employer's Signature			TI	Title							CO	Contract No.		Tax Payer ID No.	D No.	Work Week Ending Date:	Inding Date:	
Susan O'Byrne			Ш	Billing & Collections Manager	ollections	Manage	J.							04-3	04-3141040	J	October 29, 2022	022
Awarding Authority's Name			P	Public Works Project Name:	roject Name						Pu	Public Works Project Location	ject Location			Min. Wage Rate Sheet No.	ate Sheet No.	
			ω	83402 Access Cntrl & Aiphone	ess Cntrl	& Aipho	ne											
General/Prime Contractor's Name:			Su	Subcontractor's Name:	, Name:							* E1	nployer Hou	rly Fringe Be	* Employer Hourly Fringe Benefit Contributions	tions		
			F	LAN-TEL Communications, Inc	Sommuni	cations,	Inc.									(B+C+D+E)	(A*F)	
						Ног	Hours Worked	-		Project	ect Fe						Project	
		Employe								(A)	V		_	ERISA	Supp.	Total	Wages	
Complete	Work		Jr.	S	М	Т	W	ТН	F	S All Other		Base W Wage Ins	Welfare	Pension Plan	Unemp./ Other	Hourly Prev. Wage	Total Gross	Check No.
Address	Classificatio	certified (%)	3 0							Hours	_	_	(C)	(D)	(E)	(F)	Wages	(H)
BAKER; CHRISTOPHER M TEI	TELEDATA	Y	_		8.00						8.00	50.65	13.00	19.65		83.30	666.40	DD
110 METROPOLITAN AVE			-															
KOSLINDALE, MA 02131										•	28.00						1,823.40	
	TELEDATA	٨	_		8.00						8.00	50.65	13.00	19.65		83.30	666.40	DD
32 FAIRVIEW AVENUE MAI DEN MA 02148																		
											24.00						1,620.80	

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.

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

10/29/202:

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'Byons
Title: Billing & Collections Manager