MONTHLY PAYMENTS TO SUBCONTRACTORS/SUPPLIERS – FORM B

The following form has been designed to track Contractor's commitments and actual monthly payments to subcontractors/suppliers on a City project. The form has been formatted to allow the Contractor's representatives to print or type in the requested information. (Typing is preferred.)

Note: An electronic version that can be typed into will be posted on http://charmeck.org/city/charlotte/cats/about/Business/procurement/Pages/dbesbe.aspx

Submit this form with your company's monthly invoices for payment for work by your company on the City contract.

Contract Number#: List the project's assigned contract number if it is not already listed.

Project Name: List the official name of the project if it does not already appear.

Contractor Name: List your company's name.

Non-DBE or DBE Contractor: Check 🗹 whether your company (as the contractor) is a DBE certified firm.

Reporting Month/Year: Identify the month of the transactions that is being reported.

Dollars Paid to Contractor: Identify all payments that have been made to your company from this contract since the notice to proceed.

List all Subcontractors, Subconsultants, and Material Suppliers that have worked and/or that your company intends to use on the project. Note: the "🗹" check box column is for <u>City staff use only</u>.

	V Company, Contact Person, Email and Phone.	Work performed or materials provided	Total Dollars	Dollars Paid this	Total Dollars Paid
V			Commitment	Month	since NTP

Company, Contact Person, Email and Phone: List the subcontractor/supplier companies' names, contact persons, email addresses and phone numbers. Work performed or materials provided: Identify what type of work or materials that were supplied by the subcontractor/supplier companies. Total Dollars Commitment: Identify the company's total project estimated dollar commitment to the subcontractor/supplier companies. Dollars Paid this Month: List the <u>total amount of actual payments</u> made to each subcontractor/supplier company in the reporting month listed. Total Dollars Paid since NTP: List the <u>total amount of actual payments</u> made to the subcontractor/supplier company since the Notice to Proceed. That official authorized and responsible for certifying payments listed on the form should:

Print his or her name and title.

Type or print the phone number of the representative responsible for certifying subcontractor payments. **Sign and date the form in the presence of a notary**. Have the notary certify the representative's signature.

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Contractor Name:		Non-DBE :	DBE:
Reporting Month/Year:	Contract No.:	Dollars Paid to Contractor:	

Submit this form with invoice. Below list <u>all Subcontractors, Subconsultants, and Material Suppliers</u> that have worked and/or that your company intends to use on this Project. List actual payments made in the reporting month listed above.

v	Company, Contact Person, Email and Phone.	Work performed or materials provided	Total Dollars Commitment	Dollars Paid this Month	Total Dollars Paid Since NTP

	Contractor Name:			Non-DBE :	DBE:	
	Reporting Month/Year: Contract No.:		Dollars Paid to Contractor:			
٧	Company, Contact Person, Email and P	hone.	Work performed or materials provided	Total Dollars Commitment	Dollars Paid this month	Total Dollars Paid Since NTP

I certify that this information accurately reflects actual payments made to Subcontractors, Subconsultants, and Material Suppliers on the above referenced Project, and that all Suppliers providing goods under this Contract have been listed in the Sales Tax Statements submitted to the City in connection with this Payment Affidavit. If no subcontractors or suppliers are listed on the preceding chart or Sales Tax Statements, the Contractor certifies that no subcontractors or suppliers were used in performing the Project/Contract for the payment period indicated.

ature of Authorized Official	Printed Name	Title	Date	Phone Number of Signer
NOTARY CERTIFICATION		Place		
STATE OF		Seal		
COUNTY OF		Zama		
Subscribed and sworn to and subscrib , 20		_day of		
,,,				
Print Name of Notary Public	Signature of Notary Pub	lic		
My Commission Expires				