

MONTHLY SB SUBCONTRACTORS PAID REPORT SUMMARY AND PAYMENT VERIFICATION (Form 103)

Reporting Period (month): _____, 20 ____

ATTACHMENT 4

Contract/Project Number: _____

Report Number: _____

Project Name: _____

Original Contract Award Amount: \$ _____

Contract Award Date: _____

Current Contract Value: \$ _____

Master Contractor Name: _____

% of Project Complete: _____

Address: _____

Telephone: _____

SB Goal: _____% (% of total Contract)

Total \$ Paid to Master Contractor to date: _____

Date of Last Progress Payment: _____

SB Commitment: _____%

Payment to Master Contractor this period: _____

Total \$ Paid to

SB Goal Attainment to date: _____%

Total \$ Paid to SBs this period: _____

Sub to date: _____

SBE SUBCONTRACTORS	\$ Amount paid this Month Date Issued	\$ Amount Paid to Date	Type of Work Performed (Scope)	Original \$ Amount Committed to DBE at Award	\$ +/- resulting from Change Order Activity	% of Work Complete	% of Retention Withheld
Name: _____							
Address: _____							
City, State, Zip Code: _____							
Telephone Number: () _____							
Subcontractor ¹ Broker ¹							
Supplier: Regular Dealer ¹ or Manufacturer ¹							
() SB () DVBE () DBE () MB () MINORITY () WOMEN							
Name: _____							
Address: _____							
City, State, Zip Code: _____							
Telephone Number: () _____							
Subcontractor ¹ Broker ¹							
Supplier: Regular Dealer ¹ or Manufacturer ¹							
() SB () DVBE () DBE () MB () MINORITY () WOMEN							
Name: _____							
Address: _____							
City, State, Zip Code: _____							
Telephone Number: () _____							
Subcontractor ¹ Broker ¹							
Supplier: Regular Dealer ¹ or Manufacturer ¹							
() SB () DVBE () DBE () MB () MINORITY () WOMEN							

By my signature, I hereby attest that we have complied with all SB Program requirements , including prompt payment and retainage provisions.

Authorized Binding Title: _____

Authorized Binding Signature: _____

If necessary, this form can be duplicated and/or modified; however, it must contain all requested data fields.