

CITY OF MILWAUKEE – DEPARTMENT OF ADMINISTRATION  
EMERGING BUSINESS ENTERPRISE PROGRAM

**EBE SUBCONTRACTOR PAYMENT CERTIFICATION**

EBE Subcontractor's Firm Name: \_\_\_\_\_

Prime Contractor's Bid or RFP#: \_\_\_\_\_ PURCHASE ORDER # \_\_\_\_\_

This certificate is to be signed by the EBE subcontractor firm that was utilized in connection with the above contract, either for service performed, and/or as a supplier. Attach this form to the Prime Contractor's final **FORM D** (EBE Monthly Report) and return to:

Department of Administration  
Emerging Business Enterprise Program  
Attn: Eunice Harris  
City Hall – Room 606  
200 East Wells St  
Milwaukee, W 53202  
(or fax to 414-286-8752)

**FAILURE TO ATTACH THIS FORM WITH EBE MONTHLY REPORT (FORM D) CAN SLOW  
THE PAYMENT PROCESS.**

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I \_\_\_\_\_ hereby certify that our firm has received  
(PLEASE PRINT NAME)  
\$ \_\_\_\_\_ from \_\_\_\_\_  
(PRIME CONTRACTORS NAME)  
for subcontract work performed and/or material supplied on the above contract.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

THIS FORM MUST BE ATTACHED TO PRIME CONTRACTORS FINAL FORM D (EBE MONTHLY REPORT)