MONTHLY MWBE UTILIZATION PAYMENT REPORT FORM

The following information indicates the payment amounts made by the contractor to the NYS Certified MWBE Subcontractor(s) on this Project.
The payments as shown are in compliance with the contract documents for the project referenced below.
Copies of invoices from MWBE subcontractors for the amounts reported and proof of payment of those invoices must be submitted with this report.

Due on the 7th day of each month of the preceding month's activity.

Contractor's Name: Address: Email: Telephone: Federal ID No:	**Procurement ID:** **Total Contract Amount: $**	**MWBE Contract Goals / $ Amount** MBE % = $ WBE % = $

Reporting Period:

Year: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

NYS ESD Certified MBE/WBE Information	NYS Certification	Work Status This Report Period	Total Subcontractor Contract Amount	Payments to Subcontractor this Month	Previous Payments to Subcontractor	Total Subcontractor Payments to Date
Subcontractor Name: Address: Material ☐ Labor: ☐ Federal ID No:	☐ MBE ☐ WBE ☐ SDVOB	☐ Active ☐ Inactive ☐ Complete		☐ No Payment		$ 0.00 0.00%
Subcontractor Name: Address: Material: ☐ Labor: ☐ Federal ID No:	☐ MBE ☐ WBE ☐ SDVOB	☐ Active ☐ Inactive ☐ Complete		☐ No Payment		$ 0.00 0.00%
Subcontractor Name: Address: Material: ☐ Labor: ☐ Federal ID No:	☐ MBE ☐ WBE ☐ SDVOB	☐ Active ☐ Inactive ☐ Complete		☐ No Payment		$ 0.00 0.00%
Subcontractor Name: Address: Material: ☐ Labor: ☐ Federal ID No:	☐ MBE ☐ WBE ☐ SDVOB	☐ Active ☐ Inactive ☐ Complete		☐ No Payment		$ 0.00 0.00%

Submission of this report form constitutes the contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in finding of non-compliance, non-responsibility, suspension and/or termination of the contract.

Contractor's Signature:_____

Contractor's Name:

Title: Date:

FOR AUTHORITY USE ONLY

Subcontractor invoices submitted with report: ☐ Yes ☐ No

Proof of payment submitted with report: ☐ Yes ☐ No

Report reviewed by: