|  |  |  |
| --- | --- | --- |
| **Consultant’s cumulative Monthly SDVOB Payment Statement** | Contract No.: |  |
|  |
| Consultant’s Name, SDVOB, Address and Phone No.: | Consultant Federal ID No.: |  | **SDVOB Goal** | **Reporting Period** |
|  | Description of Project: |  | Month | Year |
|  |  |  |  |  |
| Firm Name, Address and Phone Number (List All Firms) | Description of Work or Supplies Provided | Designation | Payment This Month | Contract Amount |
|   |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  |  |  |  |  |  |
|  | Signature of Firm’s Compliance Officer |  | Print Name |  | Date |  |
|  |
|  | For OGS Use Only |
| This form is required pursuant to contract specifications. Failure to submit will result in noncompliance with contract specifications. | Reviewed By: | Date: |