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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |