|  |  |  |
| --- | --- | --- |
| **contractor’s Monthly SDVOB Payment Report (due on the 10th day of each month for the preceding month’s activity as evidence towards achievement of the SDVOB goals on the contract)** | Contract No.: |  |
| Contractor/Vendor SDVOB, Address & Phone No.: | Contractor/Vendor SDVOB 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[ ]  Written Contract | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB [ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  | [ ]  MBE[ ]  Sub[ ]  Broker[ ]  Joint Venture[ ]  Written Contract | [ ]  WBE[ ]  Supplier[ ]  Team[ ]  SDVOB[ ]  No Written Contract |  |  |
| Federal ID No.: |  |  |  |  | [ ]  No Payment This Month |  |
|  |  |  |  |  |  |  |
|  | Signature of Firm’s Compliance Officer |  | Print Name |  | Date |  |
|  |  |  |  |  | For OGS Use Only |
| **Submission of this 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 a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.** | Reviewed By: | Date: |