

OGS COMMODITY & SERVICE CONTRACTS

CONTRACTOR'S MONTHLY PAYMENT REPORT (DUE ON THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE MWBE GOALS ON THE CONTRACT)

Contract No.: _____

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Federal ID No.:		MWBE Goals		Reporting Period	
	Description of Project:		MBE%	WBE%	Month	Year
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation		Payment This Month	Contract Amount	
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Reseller <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Reseller <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Reseller <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
Federal ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Reseller <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Month		
_____ Signature		_____ Print Name and Title		_____ Date		
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.				For OGS Use Only		
				Reviewed By:	Date:	