

**Directions:** For all contracts for which a Utilization Plan has been submitted pursuant to Local and State Laws, prime contractors must submit this form with each voucher for payment and/or periodically as the agency may require. It details the total amount paid to subcontractors (including subcontractors that are not MWBEs/DBEs); the names, addresses and contact numbers of each MWBE/DBE hired as a subcontractor pursuant to such plan as well as the dates and amounts paid to each MWBE/DBE to date. This form must be certified under penalty of perjury.

**Submission Type**

Registration Number      Requisition Number      Task Order Number      Reporting Period From (MM/DD/YY)      Reporting Period to (MM/DD/YY)

Partial Payment Voucher       Final Payment Voucher       Substantial Payment       Retainage Release

**Prime Contract Information**

Agency      FMS ID      Contract Value

Start Date (MM/DD/YY)      Project Completion Date (MM/DD/YY)      Registration Date (MM/DD/YY)

Contract Description: \_\_\_\_\_

**Prime Contractor Information**

Vendor Name      EIN Number      OR      Social Security Number

Phone Number      Fax Number      Email Address

Address      City/State      Zip Code

Contact for Questions: \_\_\_\_\_

**Contractor Payment Status**

Total Amount to be Paid to ALL Subcontractors (this Period): \_\_\_\_\_ Total Amount Paid to ALL Subcontractors (to date): \_\_\_\_\_

**Prime Contractor Certification**

I hereby affirm that the information supplied in this Prime Contractor Payment Voucher form (both sides of form) is a true, accurate and complete account of the status of work subcontracted and payments made to subcontractors for work on the above-referenced contract.

Print Name      Title

Signature      Date (MM/DD/YY)

**Acknowledgment by Corporation**

STATE, CITY AND COUNTY OF NEW YORK, ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who being by me duly sworn did depose and say that he/she resides in the City of \_\_\_\_\_; that he/she is the \_\_\_\_\_ of the \_\_\_\_\_ that Corporation described in and which executed the foregoing certificate of Subcontractor payments; that he/she knows the seal of said Corporation; that the seal affixed to the said Prime Contractor /Consultant Voucher Form; that it was so affixed by order of the Board of Directors of said Corporation; and that he/she signed his/her name thereto by like order for the purpose therein mentioned.

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

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**MWBE/DBE Subcontractor Information** \*OCO Use Only Verification

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Name \_\_\_\_\_ EIN Number \_\_\_\_\_ OR \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Certification Type:**  MBE  WBE  DBE  Non-MWBE **Ethnicity (if applicable):**  Black  Hispanic  Asian

Total Value (est.): \_\_\_\_\_ Payments this Period: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Total Payments to Date: \_\_\_\_\_

**Description of Subcontract/Subconsultant work completed:**  Construction  Professional/Consultant  Standard Service

**Status of Work:**  Ongoing  Complete  Not Yet Started

**FOR DDC INTERNAL USE ONLY**

\* Actual payment to MWBE or DBE Date (MM/DD/YY): \_\_\_\_\_

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Name \_\_\_\_\_ EIN Number \_\_\_\_\_ OR \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Administration/ACCO, Rev. 02/22/17 PCPVF\_022217

