

Prime Contractor/Consultant Payment Voucher Form

To assist in ensuring the Prime Contractor/Consultant is compliant with the M/WBE requirements, a Prime Contractor/Consultant Payment Voucher Form for periodic partial and final payment verification must be submitted upon request from the Office of Diversity and Industry Relations (ODIR). The form details:

- The total amount paid to subcontractors/subconsultants (including subcontractors/subconsultants that are not M/WBEs)
- The address and contact number of each subcontractor/subconsultant
- The date and the amount paid to each subcontractors/subconsultant
- The Prime Contractor/Consultant will be required to provide copies of the front and back of cancelled checks or notarized Affidavit of Payment Forms as proof of payment to M/WBEs. (MOCS Best Practices, pg. 27)

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

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. This form must be certified under penalty of perjury. Attach additional pages (copies of this page), as needed.

MWBE/DBE Subcontractor Information *OCO Use Only Verification

Name _____ EIN Number _____ OR _____ Social Security Number _____

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): _____

Name _____ EIN Number _____ OR _____ Social Security Number _____

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: _____

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FOR DDC INTERNAL USE ONLY

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Administration/ACCO, Rev. 02/22/17 PCPVF_022217

