

STATEMENT OF PAYMENTS
MADE BY GENERAL CONTRACTOR
TO SUBCONTRACTORS - Page 1 of 2

(BID No. S-)

Pursuant to the Agreement of the parties, this form must be submitted to the City within thirty (30) calendar days of the receipt of any payment from the City.

Federal Employee Identification No. _____ Social Security No. _____

Name _____

Address _____

Contractors' Total Gross Receipts from City of Stamford:\$ _____

Payments to Subcontractors

Name	Employer ID No.
Address	
	Amount of Payment \$
	Date of Payment

Name	Employer ID No.
Address	
	Amount of Payment \$
	Date of Payment

Name	Employer ID No.
Address	
	Amount of Payment \$
	Date of Payment

Name	Employer ID No.
Address	
	Amount of Payment \$
	Date of Payment

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ACKNOWLEDGEMENT

Personally appeared before me at _____, this _____ day of _____, as _____ of _____, who affirmed under oath that the foregoing information is true and accurate.

NOTARY PUBLIC

My Commission Expires: _____

Bid No. S-_____