

**STATEMENT OF PAYMENTS FOR RFP NO. 2023.0109**  
**MADE BY CONTRACTOR**  
**TO SUBCONTRACTORS - Page 1 of 2**

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**

<u>Name</u>		<u>Employer ID No.</u>		
<u>Address</u>		<u>Total Contract w/Prime \$</u>		
		<u>Amount of Payment \$</u>		
		<u>Date of Payment</u>		
<u>Check if the company is a:</u>	<input type="checkbox"/> <u>MBE</u>	<input type="checkbox"/> <u>MBE: Woman Owned</u>	<input type="checkbox"/> <u>SBE</u>	<input type="checkbox"/> <u>DBE</u>

<u>Name</u>		<u>Employer ID No.</u>		
<u>Address</u>		<u>Total Contract w/Prime \$</u>		
		<u>Amount of Payment \$</u>		
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<u>Check if the company is a:</u>	<input type="checkbox"/> <u>MBE</u>	<input type="checkbox"/> <u>MBE: Woman Owned</u>	<input type="checkbox"/> <u>SBE</u>	<input type="checkbox"/> <u>DBE</u>

<u>Name</u>		<u>Employer ID No.</u>		
<u>Address</u>		<u>Total Contract w/Prime \$</u>		
		<u>Amount of Payment \$</u>		
		<u>Date of Payment</u>		
<u>Check if the company is a:</u>	<input type="checkbox"/> <u>MBE</u>	<input type="checkbox"/> <u>MBE: Woman Owned</u>	<input type="checkbox"/> <u>SBE</u>	<input type="checkbox"/> <u>DBE</u>

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**Contractor Signature:**\_\_\_\_\_

**Print Name:**\_\_\_\_\_

**Title:**\_\_\_\_\_

**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:\_\_\_\_\_