

Mandatory Form. Submit Monthly

PRIME CONTRACTOR Monthly DBE Payment Report - Form E

Name of Project: _____
 Prime Original Contract Value: _____
 Change Orders (Overall Inc/Dec.): _____
 Total Contract Amount to Date: _____
 Total Payments Received from NJT Date: _____

NJT Contract #: _____
 Report for the Month of: _____
 Notice to Proceed Date: _____
 NJT Project Mgr Name: _____
 Assigned DBE Goal %: _____

Name of DBE Subcontractor	Work Task Performed	Original Contract Amount \$	Change Order Amount \$ (+/-)	Amount of Invoice Received this Month (\$)	Date of Invoice Received in this Month	Payment(s) Made to DBE in this Month in \$\$ (Itemize)	Date(s) Payment Made This Month	Total DBE Payments made to Date in (\$)	% Overall Work Finished	Final Pmt (Y/N)
Total(s)→		\$	\$	\$	Total(s)	\$	Total(s)	\$		

Itemize payments/invoices and dates if paid/received more than one payment/invoice between the 1st and 31st of THIS Month.

Prime Contractor Information:

Prime Firm Name: _____ Project Director Name: _____
 Address: _____ Project Director Signature: _____
 Telephone #: _____ Date: _____ Federal TIN #: _____

Prime's Past Due Invoice Information: List any invoice more than 40 days past due from the date **submitted** to NJT at the time you complete this form.

Invoice #	Invoice Date	Invoice Amount (\$)	Number of Days Past Due	Comments:

Form E - Prime Contractor's DBE Payment Certification

1. Have **all** DBE subcontractors with executed subcontracts been paid amounts due from previous progress payments?
 - If yes, skip the next section and go to number 3.**
 - If no**, please complete fields in box below: (Use additional paper, if needed)

DBE SubContractor Name	Amount Withheld From Invoice (\$)	Total of Invoice Amount (\$)	Invoice Number	Invoice Date	Specific Reason for Withholding

2. Have you notified the DBE subcontractor(s) that you are withholding payment and the reason(s) why?
 - If yes**, provide a copy of written notification to the DBE subcontractor with this form, indicating the date of notification.
 - If no**, lack of prior written notification to the DBE(s) that you are withholding payment violates the prompt payment clause guidelines. **Please contact the DBE immediately, and provide a copy of written notification to the subcontractor with this form.**
3. By signing this form, I certify that all of the above represent true and accurate information.

Note: CFO or equivalent Sr. Manager must complete and sign off on this form.

_____ /_____/_____
 PROJECT DIRECTOR NAME (PRINT) PROJECT DIRECTOR (SIGNATURE) DATE

Additional Reasons/Comments for Withholding Payment:

DO NOT WRITE BELOW. DEPARTMENTAL USE ONLY.

- Approved
- Denied

THIS FORM IS DUE ON THE 7TH OF EACH MONTH Please forward to:
 Office of Civil Rights and Diversity Programs
 Business Development
 NJ TRANSIT
 One Penn Plaza East, 6th Fl
 Newark, New Jersey 07105-2246