

PRIME CONTRACTOR'S MONTHLY PAYMENTS TO SBE SUBS REPORT
INFORMATION ON CONTRACT

DATE CONTRACT EXECUTED: _____ CONTRACT NUMBER: _____ REPORT FOR THE MONTH OF: _____ YEAR _____
 ORIGINAL CONTRACT AMOUNT: _____ FED TAX ID #: _____
 CHANGE ORDERS (OVERALL INC/DEC.): _____ PURCHASE ORDER #: _____
 TOTAL CONTRACT AMOUNT TO DATE: _____ NAME OF PROJECT: _____
 TOTAL PAYMENTS RECEIVED BY PRIME TO DATE: _____

SBE Subcontractor Name	Fed Tax ID	Original Contract Value	Change Order Amount +/-	Date of Change Order	New Contract Value	Payments Made This Month	Total Subcontractor Payments Made to Date	% Work Completed To Date	Final Pmt Y/N
TOTALS									

PRIME INVOICE 30 DAYS PAST DUE FROM NJT:

NJ TRANSIT

Invoice Date _____ Reference # _____ No. Days Past Due Amount _____
 Project Manager (Name): _____
 Telephone #: _____

PRIME CONTRACTOR INFORMATION

Name: _____
 Federal Tax ID Number: _____
 Address: _____
 Compliance Officer (Name): _____
 Signature: _____
 Date: _____ Telephone #: _____

THIS FORM IS DUE ON THE 7TH OF EACH MONTH

Please Forward This Form To:
 NJ TRANSIT
 Office of Business Diversity – 6th FI
 Manager, Contract Compliance
 One Penn Plaza East
 Newark, New Jersey 07105-2246

THIS FORM IS NOT TO BE ALTERED OR CHANGED IN ANY WAY.

**SBE PRIME CONTRACTOR'S MONTHLY PAYMENTS FROM NJ TRANSIT
INFORMATION ON CONTRACT**

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Original Contract Value	Change Order Amount +/-	Date of Change Order	New Contract Value	Payments Received This Month	Total Payments Received to Date	% Work Completed To Date	Final Pmt Y/N
TOTALS:							

PRIME INVOICE 30 DAYS PAST DUE FROM NJT:

Invoice Date _____ Reference # _____ No. Days Past Due Amount _____
 Project Manager (Name): _____
 Telephone #: _____

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 One Penn Plaza East
 Newark, New Jersey 07105-2246

PRIME CONTRACTOR INFORMATION

Firm Name: _____
 Compliance Officer (Name): _____
 Date: _____ Telephone #: _____

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SBE SUBCONTRACTOR'S MONTHLY REPORT

PRIME CONTRACTOR INFORMATION:

Name: _____
 Federal Tax ID Number: _____
 Address: _____
 Contact Person: _____
 Telephone: _____

Report for the Month & Yr: _____ Contract #: _____

Date Contract Executed: ____/____/____

Contract Name: _____

INFORMATION ON SUBCONTRACT:

Scope of Work Performed	Original Subcontract Dollar Value \$	Date of Change Order	Change Order Amount (+/-)\$	New Subcontract Dollar Value \$	Total Payments Made to Subcontractor This Month \$	Total Payments Made To Subcontractor To Date \$	% of Work Completed To Date

INVOICES PAST DUE 30 DAYS

Invoice #	Reference No. Days	Amount
Date	Number Past Due	
_____	_____	_____
_____	_____	_____

SBE SUBCONTRACTOR INFORMATION

Name of Firm: _____
 Fed Tax ID #: _____
 Address: _____
 Telephone #: _____
 Print Contact Name: _____

Final Payment: Y or N (Circle applicable answer)

COMMENTS: _____

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