

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 Fl

Manager, Contract Compliance

One Penn Plaza East

Newark, New Jersey 07105-2246