

**SBE PRIME CONTRACTOR’S MONTHLY PAYMENTS FROM NJ TRANSIT
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: _____

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:

NJ TRANSIT

Invoice Date Reference # No. Days Past Due Amount

Project Manager (Name): _____

Telephone #: _____

PRIME CONTRACTOR INFORMATION

Firm Name: _____

Compliance Officer (Name): _____

Date: _____ Telephone #: _____

FORM IS DUE ON THE 7TH OF EACH MONTH.
 PLEASE FORWARD TO:
 NJ TRANSIT
 Manager, Contract Compliance
 Office of Business Diversity – 6TH FL
 One Penn Plaza East
 Newark, New Jersey 07105-2246