



CONTRACTOR'S REQUEST FOR PAYMENT ATTACHMENT

Project Number: _____

Payment Period: _____

Contractor: _____

Project: _____

Contract Date: _____

Name of Business Performing Work (Subcontractor)	MBE, WBE, NON-MWBE	LOCAL (CHATHAM COUNTY)	Description of Commodity, Material, or Service	Contact Name/ Telephone/ Location	Amount of Invoice this Period	Amount Invoiced to Date
						\$
						\$
						\$
						\$
						\$
						\$
Dollar Amount of Work Completed by Non-M/WBE Subcontractors						\$
Dollar Amount of Work Completed by MBE Subcontractors						\$
Dollar Amount of Work Completed by WBE Subcontractors						\$
Dollar Amount of Work Completed by the Prime						\$
Total Dollar Amount Requested for Payment						\$
Total Dollar Amount Completed by Local						\$

It is understood that Chatham County may audit any and/or all records of the Contract/vendor and conduct interviews of owners, principals, officers, employees and applicable subcontractors/contractors participating on the Contract. The Chatham County M/WBE Office reserves the right to ensure compliance with the program to include status reports and audit of submitted M/WBE information as deemed necessary.

CONTRACTOR'S CERTIFICATION

The above information is true and complete to the best of my knowledge and belief. The County Office of M/WBE reserves the right to recommend an audit on the submitted M/WBE information as deemed necessary.

Name and Title: _____
(Please print or type)

Signature: _____

Date: _____