City of Virginia Beach - Purchasing Department
Monthly Subcontractor Payment Data Sheet

*Form CVAB - E*

Project Name: _____

Bid/Contract Number: _____

Prime Contractor: _____

Project Start Date: _____

Project End Date: _____

Project Complete (Y/N): _____

Total Contract Awarded

Total Subcontracting Amount

# *PAYMENT DATA SHEET - CITY FORM E*

***Include all subcontractors, regardless of whether they are SWaM/MBE certified.***

| Vendor Name | SWaM Certified (Y/N) | Certification Number | SWaM Status (M, S, or W) | Race/ Ethnicity (if MBE) | Scope of Work Performed | Total Subcontract Amount | Amount Paid this Month | Total Amount Paid to Date |
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***IMPORTANT: THIS FORM MUST BE COMPLETED AND SUBMITTED MONTHLY WITH YOUR FIRM'S INVOICE***

*By signing below, you attest that the above information is true and accurate to the best of your knowledge, in addition you certify your intent to fully engage each SWaM-/MBE-certified firm listed.*

Authorized Representative (Prime) Print Name _____ Title _____ Authorized Representative (Prime) Signature _____ Date _____