



Thruway Authority

**PAYMENTS
(CONSULTANT)**

Email completed form to the Office of Compliance at Compliance@thruway.ny.gov
or mail to P.O. Box 189, Albany, NY 12201-0189

INSTRUCTIONS: This form must be submitted by the consultant to report actual monthly payments made to certify DBEs/MWBEs/SDVOBs. Complete and accurate forms must be submitted by the 10th of the month reflecting payments made during the previous month. Please Note: Broker Fees and Supplier Credits (60%) will be automatically calculated.

Reporting _____
Month / Year

Consultant Name and Address	Contract Number D. No. _____	Contract Goals MBE _____ % - \$ _____ WBE _____ % - \$ _____	Contract Value \$ _____ SDVOB _____ % - \$ _____ DBE _____ % - \$ _____
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A. List all Certified Subconsultants and Suppliers	B. Certification/Designations	C. Estimated Start/End Date	D. Agreement Amount	E. Supplier at 60% (Automatically Calculated)/ Broker's Fee Credit	F. Payments this Month <input type="checkbox"/> No Payments	G. Previous Payments	H. Total Payments to Date	I. % of Work Completed To Date (Based on Dollars)
	<input type="checkbox"/> MBE <input type="checkbox"/> Supplier @ 60% <input type="checkbox"/> WBE <input type="checkbox"/> Broker (Fee Only) <input type="checkbox"/> DBE \$ _____ <input type="checkbox"/> SDVOB	Start Date _____ End Date _____	\$ _____	\$ _____	\$ _____ 60% Payment \$ _____	\$ _____ 60% Payment \$ _____	\$ _____ 60% Payment \$ _____	% % % %
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PREPARED BY: _____ Preparer's Name (Print)	() - Phone No.	MBE Sub Total \$ _____ % WBE Sub Total \$ _____ % DBE Sub Total \$ _____ % SDVOB Sub Total \$ _____ % Grand Total \$ _____
_____ Preparer's Signature	_____ Date Submitted	

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