

**MONTHLY SMALL CONTRACTOR AND
MINORITY BUSINESS ENTERPRISE
PAYMENT STATUS REPORT**

Month Ending _____

- 1) General Contractor Name
- 2) State Contract Number
- 3) State Contract Award Agency
- 4) Project Name 5) Estimated Completion Date _____
- 6) Project Value 7) Percent Completed to Date _____
(Indicate & attach all Change Orders)
- 8) Actual Project Mobilization Date (MM/DD/YYYY)
- 9) Listing of all small contractors and minority business enterprise contractors on the project to comply with contractual small business set aside provisions:

| Company Name | Total Contract Amount <i>(Indicate & attach all Change Orders)</i> | Total Payment this Month | Total Payment to Date |
|--------------|---|-----------------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Signature of Company Official

Date of Report

Printed Name and Printed Title of Person Signing

Original to: CHRO, 450 Columbus Blvd Ste 2, Hartford CT 06103
Copies to: 1) Awarding Agency
 2) Contractor's Company File