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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In order to receive final payment for services rendered, the General Contractor or Construction Manager-at-Risk (CMR) and all subcontractors and/or suppliers must provide the information requested on this form (C.G.C. 4a-80). The General Contractor or CMR is to duplicate this form and submit it to the Department of Administrative Services (DAS) Project Manager **along with a separate form for each subcontractor and/or supplier**. The separate forms shall be accompanied by all final invoices for the General Contractor or CMR and for each subcontractor and/or supplier. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Project Information:** | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  |
| **Agency Name and Code:** | | | **Department of Administrative Services - 1320** | | | | | | | | |  |
|  | | |  | | | | | | | | |  |
| **DAS Project Manager:** | | |  | | | | | | | | |  |
|  | | |  | | | | | | | | |  |
| **DAS Project Number:** | | |  | | | | | | | | |  |
|  | | |  | | | | | | | | |  |
| **Project Name and Location:** | | |  | | | | | | | | |  |
|  | | |  | | | | | | | | |  |
|  | | |  | | | | | | | | |  |
| **Contractor and/or Subcontractor Information:** | | | | | | | | | | | | |
|  | | | |  | | | | | | | |  |
| **Federal Employer Identification Number (FEIN):** | | | |  | | | | | | |  |  |
| *(If FEIN is not available, provide Social Security Number)* | | | | | | |  |  |
|  | | | |  | | | | | | |  |  |
| **CT Tax Registration Number:** | | | |  | | | | | | |  |  |
|  | | | |  | | | | | | |  | |
| **Type of Contract:** | | | |  | General Contractor | | |  | CMR |  | Subcontractor or Supplier | |
| **Type of Work:** | | | |  | Construction or Reconstruction | | | | |  | Materials or Supplies | |
|  | | | |  | | | | | | | | |
| **Business Name:** | | | |  | | | | | | | |  |
|  | | | |  | | | | | | | |  |
| **Business Address:** | | | |  | | | | | | | |  |
|  | | | |  | | | | | | | | |
| **Remittance Address:**  (If other than business address) | | | |  | | | | | | | |  |
|  | | | |  | | | | | | | | |
|  | | | |  | | | | | | | | |
| Copies: |  | DAS Project Accounting | | | |  | Project File – YH7 | | | | | |

***End***