

State Project Number:	Payment Reporting Period: _____ to _____	Prime Contractor:
Invoice Number:	Date Paid by State:	Subcontractor:

Submittal Instructions: Contractors making payments to subcontractors, regardless of their tier or TGB/Veteran-Owned business status, are required to complete and submit this form to State’s Office of Civil Rights (OCR) until final payment is made. Contractor must include payments to subcontractors, service providers, sub-consultants and independent contractors. Failure to comply with this form and Minnesota’s prompt payment law may cause progress payments to the Prime Contractor to be withheld. Contractor must submit one copy of this form to State’s OCR (at Joyce.Brown-Griffin@state.mn.us); State’s Project Manager, Consultant Services (at ptinbox@state.mn.us) no later than 10 days after receiving a payment from State.

(A) Contractor’s Name, Address & Telephone Number		(B) Total Contract Amount	(C) Committed %		(D) Actual % to Date	
Name:			TGB	Veteran-Owned	TGB	Veteran-Owned
Address:						
Phone:						
(E) Name of Subcontractor(s)/Supplier(s)	(F) TGB/Vet? (indicate)	(G) Description of Work			(H) Subcontract Amount	
1.		1.			1.	
2.		2.			2.	
3.		3.			3.	
(I) Amount of Current Payment	(J) Date Subcontractor Payment Issued	(K) Amount Paid to Date	(L) % Paid to Date		(M) Final Payment? (Yes or No)	
1.	1.		1.		1.	
2.	2.		2.		2.	
3.	3.		3.		3.	
(N) Company Official’s Signature, Title & Contact Info		(O) Date Signed	(P) Name, Title & Contact Info for the Individual Completing the Report			
Signature:						
Title:			Title:			
Phone Number:	Email:		Phone Number:	Email:		

(This form may be submitted in an alternate format)

Contractor Payment Form Instructions:

- (A) **Contractor's Name, Address & Telephone Number:** Enter the Prime Contractor's Information
- (B) **Total Contract Amount:** Enter the Total Contract Amount of the contract, as a whole
- (C) **Committed %:** Enter the TGB and/or Veteran-Owned requirement, as certified by the Prime Contractor in their proposal, which is the minimum percentage to be met.
- (D) **Actual % To Date:** Enter the TGB and/or Veteran-Owned percentage that have been met to date.
- (E) **Name of Subcontractor(s)/Supplier(s):** Enter the name of each subcontractor and/or supplier being used under the contract (add lines if necessary).
- (F) **TGB/Vet?:** Indicate whether each subcontractor and/or supplier is a TGB or Vet, or not.
- (G) **Description of Work:** Enter a description of the service(s) each subcontractor and/or supplier is providing under the contract.
- (H) **Subcontract Amount:** Enter the amount each subcontractor and/or supplier has been contracted for.
- (I) **Amount of Current Payment:** Enter the amount each subcontractor and/or supplier is being paid in this reporting period.
- (J) **Date Subcontractor Payment Issued:** Enter the date that the Prime issued payment to the Subcontractor.
- (K) **Amount Paid to Date:** Enter the amount each subcontractor and/or supplier has been paid to date, including the current payment.
- (L) **% Paid to Date:** Enter the percentage of total payments each subcontractor and/or supplier has received to date, in comparison to their contracted amount.
- (M) **Final Payment?** (Yes or No): Indicate whether the payment for each subcontractor and/or supplier, for the current payment, is the final payment or not.
- (N) **Company Official's Signature and Title:** A company official must sign each Contractor Payment Form submitted – include their title for reference.
- (O) **Date Signed:** Enter the date the Contractor Payment Form was signed by the company official.
- (P) **Name & Title of Individual Completing the Report:** Enter the Name and Title of the person who actually completed the Contractor Payment Form.

If you have any questions regarding this form, call the Office of Civil Rights at 651-366-3073