

**NEW YORK CITY ECONOMIC DEVELOPMENT CORPORATION
SUBCONTRACTOR PAYMENT VERIFICATION FORM**

MWBE? YES <input type="checkbox"/> _____ NO <input type="checkbox"/> _____	NYCEDC CONTRACT NUMBER _____	TYPE OF WORK _____	DATE _____
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CONTRACTOR	SUBCONTRACTOR
NAME _____ ADDRESS _____ _____ PHONE _____ FED. ID No. _____	NAME _____ ADDRESS _____ _____ PHONE _____ FED. ID No. _____

AWARD AMOUNT \$ _____

AMOUNT TO BE PAID (THIS PERIOD) \$ _____

AMOUNT PENDING \$ _____

AMOUNT PAID TO DATE
(not including Amount to be Paid or Amount Pending) \$ _____

ADDITIONAL NOTES (Use this space to explain special circumstances)

CERTIFICATION

I certify that the total payments above reflect the value of the work and that the work was performed solely by the Subcontractor named above, through employees of the Subcontractor who were under direct supervision of employees of the Subcontractor; that payments have been made by the Contractor and received by the Subcontractor as specified above; that there were no rebates, refunds or offsets applied to any payments unless the same is noted above; and that it is known to me to be true of my own knowledge. I understand that providing false information shall be grounds for the application of any applicable criminal and/or civil penalties for perjury

<p align="center">Contractor's Signature</p> <p>Title: _____</p> <p>Date: _____ , 20 _____</p>	<p align="center">Subcontractor's Signature</p> <p>Title: _____</p> <p>Date: _____ , 20 _____</p>
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