Print Form

REPORT OF FAILURE TO PROMPLTLY PAY SUBCONTRACTOR

Prime Contractor/Vendor/Supplier Name: _____

Contract Title: _____

Contract (PO) Number: _____ **Specification Number:** _____

Subcontractor submitting this report: _____

Invoice Date: _____ **Invoice Amount:** _____

Identify invoiced work/service/product: _____

Date Contractor Paid: _____ **Voucher Number** (from website)**:** _____

Subcontractor Address: _____

Subcontractor contact person regarding this report: _____

Contact phone: _____ **Contact email:** _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT:

1. My invoice to the prime contractor listed above was included in the payment request submitted by the contractor to the City.
2. To my knowledge, having reviewed the information connected to the payment number listed above for this contract, the prime contractor received payment from the City more than 15 days ago.
3. I have not, at the time of this report, received payment from the prime contractor for my invoice.
4. I understand that making false statements or claims to the City in connection with this report is a violation of the law and subject to a range of penalties including fines and debarment.

Name (print) _____

Signature _____

Title _____

Date _____

Please return completed form <u>with a copy of the unpaid invoice</u> to:

Chicago Dept. of Procurement Services, Attn: Contract Compliance Unit

121 N. LaSalle St., Room 806, Chicago, IL 60602 • Fax 312-744-9687