Charlotte·Douglas INTERNATIONAL AIRPORT

Disadvantaged Business Enterprise Program

# DBE Form 6: Payment Affidavit - Subcontractor / Supplier Utilization

To be submitted with each request for payment from the City of Charlotte. *Copy this form as needed.*

v.9.10.14

**Project Name:** _____

**Contractor Name:** _____ **Payment Request #** _____

**Contract Number:** _____ **Invoice Amount:** $ _____

**Payment Period:** From _____ To _____

**Final Payment** ☐ Check this box only when submitting Final Pay request.

## Section 1: Payments to SUBCONTRACTORS

Complete the chart below for ALL subcontractors used on the Project/Contract regardless of dollar amount. Report payments that have already been made to subcontractors.

| Subcontractor's Name | Description of Work Performed | NAICS Code | Payment this Period | Cumulative Payments |
|---|---|---|---|---|
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The undersigned Company certifies the preceding chart is a true and accurate statement of all payments that have been made to subcontractors and suppliers on this Project/Contract. If no subcontractors or suppliers are listed on the preceding chart, the Company certifies that no subcontractors or suppliers were used in performing the Project/Contract for the payment period indicated.

This _____day of _____ 20____

_____ _____

Signature Print Name and Title

**To be completed by KBU for FINAL PAYMENT**

Total Paid to Contractor: $ _____

Total Paid to DBEs: $

DBE Goal: _____ %

DBE Goal Commitment: _____ %

DBE Goal Attainment: %