



# Affidavit Reporting Subcontractor Payments

(Prompt Payment Ordinance)

Project Number \_\_\_\_\_ Project Name \_\_\_\_\_

In accordance with the City's Prompt Payment Policy, this Affidavit of Payment shall be completed by all prime contractors/consultants, and submitted to the Prompt Payment Business Liaison at 250 Frank Ogawa Plaza, Suite 3341, Oakland, Ca 94612 within five (5) business days following receipt of a payment from the City, and is signed under penalty of perjury, that he or she has paid all subcontractors.

Contractor Name: \_\_\_\_\_  
 Contractor Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Contact Person \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please complete the following and attach additional sheets if necessary.

#	Subcontractor Information			Payment Information					Retention Amount			
	Name	Address	Discipline or Trade	Contract Amount Including Change Orders	Total Amount Paid to Sub Previous to this Period	Sub's Invoiced Amount this Period	Amount Paid to Sub this Period	Amount Paid to Date	Amount Held	Amount Released	Amount Remaining	Date Paid

Original amount of mobilization fees: \_\_\_\_\_ Amount returned \_\_\_\_\_ Outstanding amount \_\_\_\_\_

I certify under penalty of perjury that I (Contractor Name) \_\_\_\_\_ received payment from the City on \_\_\_\_\_ and the above persons have been contracted with, and have furnished or are furnishing and preparing materials for, and have done or are doing labor on the above referenced project. The above sub-contractors/consultants/suppliers/operators have been paid the amounts set opposite their names. I also certify that this statement is a full, true and complete statement.

Name and Title \_\_\_\_\_

Date \_\_\_\_\_