



**CITY OF IRVING
PAYMENT REPORT FORM**

TO: City of Irving, GFE Program Administrator DATE: _____

Project/Contract Name and Number: _____

Date of Contract Award _____ Scheduled Completion Date _____

Contractor's Business Name _____

Contractor's Address and Telephone Number _____

Amount Received to date from City of Irving _____

Total dollar amount committed to M/WBE vendors at time of award _____

Payment(s) made since last report:

name of sub-contractor	amount paid	date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total dollar amount paid to each sub-contractor to date:

name of sub-contractor	amount paid
_____	_____
_____	_____
_____	_____

use more pages if necessary

(signed) _____ **(title)** _____

To be completed by M/WBE Program Administrator

Percentage of Contract Committed by Contractor to M/WBE Vendors on form GFE-2 _____%

Percentage of Contract Paid by City to date to Contractor _____%

Percentage of Contract paid to date by Contractor to M/WBE Vendors _____%

Follow-up actions needed (if any) _____
