

Project Name:

Column 1: List type of work to be performed by Prime and 1st tier subcontractors.

Column 2: City of Dallas Vendor Number for Prime and Subcontractors/Suppliers (If none, register

Instructions:

Notes:

Notes:

CITY OF DALLAS

Bid/Contract #:

Column 7: Indicate dollar amount of value of work for the Prime contractor, subcontractors,

#DIV/0!

#DIV/0!

Column 6: Indicate firm's location as L=local (within Dallas county limits);

N=Non-local (Outside Dallas county limits).

Small Business Center - Business Inclusion and Development Contractor's Affidavit - Schedule of Work and Actual Payment (BID-FRM-213)

online: www.bids.dallascityhall.org). ALL Prime and Subcontractors/Suppliers must be registered with the City of Dallas. Column 3: List name of firm; M/WBE Certification Number (if applicable). Column 4: List firm(s); contact name; address; telephone number.				and suppliers.					
						Indicate percentage of Indicate total payment			
			nerican; H=Hispanic; I=Asian Indian; man; NON=other than M/WBE.	Colum	nn 10:	Indicate payments du	ing current pay period		
Type of Work	Vendor Number	Certification (If	Contact Name Address, City, State, Zip & Tel. Number	Type of Firm	or	Value of Work (\$)	Percent (%)	Payments to Date (\$)	Payment this Period (\$)
[1]	[2]	Applicable) [3]	[4]	[5]	N [6]	[7]	[8]	[9]	[10]
							#VALUE!		
Notes:									
							#DIV/0!		
Notes:									
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Notes:									
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Notes:									
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Notes:									

Type of Work	City of Dallas Vendor Number		Contact Name Address, City, State, Zip & Tel. Number	Type of Firm	L or N	Value of Work (\$)	Percent (%)	Payments to Date (\$)	Payment this Period (\$)	
							#DIV/0!			
Notes:										
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Notes:										
[Note: Totals and Percentages will automatically calculate.]				Total Amo		\$ -	#VALUE!	\$ -	\$ -	
contract. If a explanations	any changes a for the chan	are made to this lis ges and the Chang	nal agreement with the subco t, the Prime contractor must e of M/WBE Subcontractor F contractor, and/or ineligibility	submit to orm. Failւ	the ire t	City for approva o comply with t	al a revised sch	edule with doc	umented	
Officer's Signature:						Title:				
Printed Name:				Date:						

Company Name: