DUVAL COUNTY
PUBLIC SCHOOLS

Name of Contractor / Consultant: For the Time Period of:

Project Title: Project No.:

Total Contract Amount: Contact Person: Phone#: Email:

☐ Annual Contract **If Annual, please note Activation No.:** **S/MBE Goal: _____** **W/MBE Goal: _____**

Type of Project: ☐ A/E ☐ Construction ☐ Design ☐ Construction Management ☐ Professional Services

Code		Firm Name	Scope of Work	Monthly Payments	Cumulative Payments

The undersigned hereby affirms and declares that the above listed firms were actually employed in the performance of work services under this contract, and further that each such firm earned and has been paid the stated amounts for their respective efforts.

Under penalties of perjury, I declare that I have read the foregoing conditions and instructions and the facts are true to the best of my knowledge and beliefs.

Signature

Title

Date

NOTES: THIS FORM MUST BE COMPLETED AND SUBMITTED WITH CONTRACTOR'S REQUEST FOR MONTHLY AND FINAL PAYMENTS. IN ADDITION, PLEASE SUBMIT A COPY OF THIS FORM DIRECTLY TO THE OFFICE OF ECONOMIC OPPORTUNITY AT: 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207