

**SBE MONTHLY PAYMENT SCHEDULE**

**Instructions:**

1. List all payments you made to (or on behalf of) the W/MBE subcontractors and/or suppliers during the indicated month.
2. Complete and submit a report every month, from the issue date of the notice to proceed until the date when you have made the final payment to (or on behalf of) all the W/MBE subcontractors and/or suppliers.
3. Submit the completed report by the fifth working day of the following month.
4. Submit the report to: City of Tampa-Minority Business Development Office  
306 East Jackson Street MC146A7E  
Tampa, Florida 33602

Direct questions to the Minority Business Develop Office at (813) 274-5522 or fax number (813) 274-5544

5. Submission of this report is not required for projects that do not have W/MBE subcontractors and/or suppliers.

This report is for the month of: \_\_\_\_\_  
(List month and year.)

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

Payments were made to (or on behalf of) the following subcontractors and/or supplies:

Company's name	Payment date	payment amount	retainage amount

This form is being submitted by:  
Company name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_



**SBE PAYMENT REPORT**

**Instructions:**

1. Submit a report for each calendar month.
2. Submit the completed report by the fifth working day of the following month.
3. Only list payments received from the City of Tampa.
4. Submit the report to: City of Tampa-Minority Business Development Office  
306 East Jackson Street MC146A7E  
Tampa, Florida 33602

Direct questions to the Minority Business Development Office at  
(813) 274-5512 or fax number (813) 274-5544

This report is for the month of: \_\_\_\_\_

(List month and year.)

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

Project \_\_\_\_\_  
Number \_\_\_\_\_  
Department \_\_\_\_\_

**Monthly Payments received:**

Payment date	payment amount	retainage amount

**Final Payment Information:**

Total of all payments

Submitted by: \_\_\_\_\_

Company name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_