

**SCHEDULE G  
MPS - NEIGHBORHOOD SCHOOLS INITIATIVE  
CLOSE OUT PAYMENT REPORTING**



Site:

HUB FIRM NAME

PRIME CONTRACTOR

CONTACT PERSON

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

PHONE NUMBER

EMAIL ADDRESS

BID PACK

MPS CONTRACT #:

HUB FIRM DESCRIPTION OF WORK

SUBCONTRACT VALUE

TOTAL AMOUNT PAID

HUB Firm is certified as      MBE      WBE      DBE\*      - - Check all that apply

State of Wisconsin Department of Commerce

Milw County Disadvantaged Business Development

Wisconsin Department of Transportation

Other Department of Transportation (*please specify State*)

Business Education Consortium

National Supplier Development Council (*specify State or Region*)

Other Recognized Certification Agency (*please specify*)

**\* If certified as DBE must provide Schedule B-2, Affidavit of Minority or Woman Owned Business Status**

I hereby certify and acknowledge that I have been paid \_\_\_\_\_ for subcontract work on the above named project as a supplier or contractor.

The following amount is still owned to my firm: \_\_\_\_\_ If( zero, write N/A).

The outstanding balance is: \_\_\_\_\_ in dispute or \_\_\_\_\_ normal retention

\_\_\_\_\_  
Signed by HUB Firm owner or Authorized Person

\_\_\_\_\_  
Date

Print Name

Title

The HUB subcontractor should retain a copy of this form and when the final payment is received, initial below and fax to: **Prism Technical at 262 250 0757**

HUB Firm acknowledges that a total of \_\_\_\_\_ has been paid for work on the named Project as a supplier or contractor and no funds are outstanding.

\_\_\_\_\_  
Signed by HUB Firm owner or Authorized Person

\_\_\_\_\_  
Date

I, authorized representative of Contractor, hereby certify that payments, less applicable retention, have been made through the period covered by previous payments received from the Design/Build General Contractor to the Contractor's HUB subcontractor noted above for all materials and labor used in, or in connection with, performance of the Project Contract.

\_\_\_\_\_  
Signature of Authorized Officer (Prime Contractor)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_ AD

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
My Commission Expires

