

CITY OF MILWAUKEE – DEPARTMENT OF ADMINISTRATION
EMERGING BUSINESS ENTERPRISE PROGRAM

EBE SUBCONTRACTOR PAYMENT CERTIFICATION

EBE Subcontractor’s Firm Name: _____

Prime Contractor’s Bid or RFP#: _____ PURCHASE ORDER # _____

This certificate is to be signed by the EBE subcontractor firm that was utilized in connection with the above contract, either for service performed, and/or as a supplier. Attach this form to the Prime Contractor’s final FORM D (EBE Monthly Report) and return to:

Department of Administration
Emerging Business Enterprise Program

City Hall – Room 606
200 East Wells St
Milwaukee, W 53202
(or fax to 414-286-8752)

**FAILURE TO ATTACH THIS FORM WITH THE FINAL EBE MONTHLY REPORT (FORM D)
FOR THIS CONTRACT/BID CAN SLOW THE PAYMENT PROCESS.**

I _____ hereby certify that our firm has received
(PLEASE PRINT NAME)

\$ _____ from _____
(PRIME CONTRACTORS NAME)

for subcontract work performed and/or material supplied on the above contract.

Authorized Signature: _____

Title: _____ Date _____

THIS FORM MUST BE ATTACHED TO PRIME CONTRACTORS FINAL FORM D (EBE MONTHLY REPORT)