

**FORM 9: CMD PAYMENT AFFIDAVIT**

To be submitted electronically using the Contract Awarding Authority's City approved system.

TO: Resident Engineer or Inspector

COPY: CMD Contract Compliance Officer

FROM: \_\_\_\_\_

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

List the following information for each progress payment received from the Contracting Awarding Authority. Use additional sheets to include complete payment information for all LBE subs, suppliers, and vendors (including lower tiers) utilized on this Contract. Failure to submit all required information may lead to partial withholding of progress payment or final payment.

Contract Number: \_\_\_\_\_ Contract Name: \_\_\_\_\_

Contract Awarding Department: \_\_\_\_\_

Progress Payment No.: \_\_\_\_\_ Period Ending: \_\_\_\_\_

Amount Received: \$\_\_\_\_\_ Date: \_\_\_\_\_ Warrant/Check No.: \_\_\_\_\_

☐ Check box and sign below if there is no sub payment for this reporting period.

Sub/Supplier/Vendor Name	Business Address	Amount Paid	Payment Date	Check Number/ Electronic Transfer Number

I declare, under penalty of perjury under the laws of the State of California, that the above information is complete and that the tabulated amounts paid to date are accurate and correct. Prime Contractor must sign this form.

\_\_\_\_\_  
Owner/Authorized Representative (Signature)\_\_\_\_\_  
Name and Title (Print)\_\_\_\_\_  
Firm Name\_\_\_\_\_  
Telephone\_\_\_\_\_  
Email\_\_\_\_\_  
Date