

PROFESSIONAL SERVICE/SOLE SOURCE

COUNTY OF COOK

OFFICE OF CONTRACT COMPLIANCE

MBE/WBE SUBCONTRACTOR PAYMENT AFFIDAVIT

THIS FORM MUST BE COMPLETED IN FULL AND NOTARIZED

MBE/WBE Firm: _____

Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Contract #: _____ Prime Contractor: _____

Period of Subcontract: From: _____ To: _____

Original/Revised Amt. Of Subcontract: \$ _____ /\$ _____

Brief description of work: _____

Amount billed by MBE/WBE to date: \$ _____

Amount paid to MBE/WBE to date: \$ _____

Upon Penalty of perjury, I _____ (*print name*)
the _____ (*title*) and duly authorized representative
of _____ (*firm name*) affirm that all of the foregoing information
is true and correct and that the expenditures indicated above have been received for goods supplied
and/or services performed.

Signature of Affiant

Date

Subscribed and sworn to before me this ___ day of _____, 20__.

Notary's Signature

Notary Seal

RETURN THE INFORMATION REQUESTED TO:

Office of Contract Compliance
Cook County Government
118 North Clark Street, Room 1020
Chicago, Illinois 60602