



City of Tacoma
 Community & Economic Development
 Office of Small Business Enterprise
 747 Market Street, Room 900
 Tacoma, WA 98402
 253-591-5224 or 253-591-2435

AFFIDAVIT OF AMOUNTS PAID TO ALL SUBCONTRACTORS

Contractor _____	Address _____
City/State/Zip _____	Telephone No. _____
Specification No. _____	Federal/State Aid Contract No. (If Applicable) _____
Project Title _____	
Month Reported _____	

Please Note: The amounts below are accumulative, earned/paid to date.

Participant Name, Address & Telephone	Race Code	Contract Type	% of Work Completed to Date	TOTAL Amounts Earned to Date	TOTAL Amount in Retainage	TOTAL Amounts Paid to Date

Original Contract Amount _____	Accumulated Totals Paid to Subcontractors to date _____
Number ___ of Amendments _____	_____
Number ___ of Change Orders _____	_____
New Contract Amount _____	_____
<u>Race Code</u> B = Black A = Asian H = Hispanic I = American Indian or Alaskan Native O = Other	<u>Contract Type</u> S = Subcontractor M = Material Supplier
I, the undersigned, do hereby certify that in connection with all work on the project for which this statement is submitted, each subcontractor contracted by me has been paid the amounts shown for work completed or portions thereof listed.	
_____ Signature	_____ Date
Subscribed and sworn before me this _____ day of _____, 20____	
_____ Notary Public in and for the	
State of Washington, Residing at _____	