FORM 44

City of New York
Parks & Recreation

SUBCONTRACTOR COMPLIANCE REPORT

Page ___ of ___

CONTRACT NUMBER: _____ **COMPTROLLER NUMBER: _____** **REQUESITION NUMBER: _____**

CONTRACTOR: _____ **PAYMENT PERIOD: _____**

SUBCONTRACTOR NAME & TRADE	SUBCONTRACTOR'S ADDRESS & TELEPHONE NUMBER	INDICATE IF M/WBE, LBE OR NOT APPLICABLE (N/A)	PAYMENT THIS REQUISITION	PREVIOUS PAYMENTS	TOTAL PAYMENTS	For **Final/Substantial Payment**, Indicate all Payment Dates to Subcontractor(s)
TOTALS						

(Note: If no sub-contractors are employed, state "NONE" above.) *Attach Form 40-SC for subcontractor(s).

Check option below, which complies with the contract provisions. If neither option applies, check here _____.

O For the Subcontractors listed above that are approved M/WBE Contractors, payments made to them are in compliance with the approved M/WBE schedule for this contract.

O For the Subcontractors listed above that are approved LBE Contractors, payments made to them are in compliance with the approved LBE schedule for this contract.

I certify, under the penalty of perjury that the above information is true and accurate.

Print Name	Signature	Title	Date
_____	_____	_____	_____