

MARYLAND DEPARTMENT OF TRANSPORTATION
Maryland Transportation Authority
PRIME CONTRACTOR INSTRUCTIONS FOR COMPLETING
PAYMENT REPORT – ATTACHMENT E

These instructions were created to assist you with completing the Prime Payment Report “**Attachment E**”. If after reading these instructions you have additional questions or need further clarification, please contact our office. Contact information is listed at the top left of Attachment E.

The Prime Contractor is responsible for completing its report on a monthly basis. It is also responsible for ensuring that all firms included on the approved D/MBE plan are submitting their monthly payment reports correctly and on-time. Reports are to be submitted each month, from the start of the contract term through completion. Electronic payment forms will be emailed on the 25th of the reporting period and are due by the 10th of the month following the reporting period. For example, July 2009 reports are due by August 10, 2009. Reports are required to be completed and submitted even if there has been no activity for the reporting period.

The following fields are locked and password protected (the pink fields on the report). iFMIS will automatically fill in these form fields with information from the iFMIS system. If you see any discrepancies with the system-generated data, please notify the contract’s compliance officer.

For the Reporting Period Ending	MDOT Certification Number #
MDTA Contract Number	Prime Contract Amount
Prime Contractor	Amount of Subcontract
D/MBE Subcontractor(s)	D/MBE Subcontractor(s) Vendor ID #
iFMIS Vendor Number #	Name of Project

The fields listed below are not password protected and should be completed by the Prime Contractor (the yellow fields on the report). The form has room for a maximum of six paid invoices per D/MBE Subcontractor. If you need additional lines, please insert additional lines into the Excel form. Do not skip lines between payment entries as iFMIS will stop processing payments at the first blank line it encounters. Please do not use links or formulas; iFMIS is not able to process that information. **Please Note: If you have previously reported a payment, there’s no need to report it again. THIS FORM SHOULD NOT BE MODIFIED OR ALTERED IN ANY WAY.**

Total Amount Paid This Reporting Period to D/MBE Subcontractors:

Enter the total amount of payments made to firms listed on the approved D/MBE plan, for the reporting period indicated on the form. **iFMIS cannot automatically enter this information based on the previously reported total(s). Be sure to apply the 60% rule to payments made to suppliers.**

Starting Date for D/MBE

Enter the month, day, and year when the D/MBE firm is expected to begin working on the contract (MM/DD/YYYY). **“To Be Determined” or “TBD” is not acceptable.**

Estimated Completion Date of Contract/Task Order for D/MBE

Enter the month, day, and year of the anticipated completion date of the D/MBE firm’s scheduled work under the Subcontract Agreement. (MM/DD/YYYY). **“To Be Determined” or “TBD” is not acceptable.**

Service(s) Performed

Enter the services performed by the D/MBE firm. The Prime Contractor will only receive participation credit for the NAICS codes of work listed on the approved D/MBE plan for the D/MBE firm. The D/MBE firm must remain certified by MDOT for those NAICS code(s) in order for the Prime Contractor to receive participation credit for the payments. **Please do not leave this area blank.**

Invoice Date

If applicable, enter the date of the D/MBE firm’s invoice paid during the reporting period. (MM/DD/YYYY). **Please Do Not Enter “N/A”; Leave Blank If There Is No Invoice Date.**

Invoice Number #

If applicable, enter the unique invoice number of the D/MBE firm’s invoice paid during the reporting period. **Please Do Not Enter “N/A”; Leave Blank If There Is No Invoice Number.**

Amount of Invoice

If applicable, enter the amount of the D/MBE firm’s invoice paid during the reporting period. If there is no activity in any given month, enter “0”. **Be sure to apply the 60% rule to payments made to suppliers.**

Amount Paid

If applicable, enter the total dollar amount paid to the D/MBE firm for the invoice during the reporting period. Please do not enter “Pending” or “In Process”. **Be sure to apply the 60% rule to payments made to suppliers.**

Payment Issue Date

If a payment was made to the D/MBE subcontractor(s), indicate the date the payment was issued (MM/DD/YYYY). **This information is mandatory and must be reported for all payments. This information is very important for audit and reporting purposes.**

Check Number # or EFT Confirmation #

If applicable, enter the EFT confirmation number or check number used to pay the D/MBE firm for the services rendered. The following statements are not acceptable: “See Above”, “Pending”, “In Process”, “See Attachment” or “ACH”.

Amount Due

If the entire invoice amount wasn’t paid in full, list the invoice amount still owed to the D/MBE firm and, in the comments section, please indicate the reason(s) why the D/MBE firm was not paid the entire amount of the invoice. **Be sure to apply the 60% rule to payments made to suppliers.**

Amount Paid to each D/MBE to date

Enter the sum of total payments paid to each D/MBE Subcontractor from the beginning of the contract to present. **Please do not use links or formulas; iFMIS is not able to process them. Be sure to apply the 60% rule to payments made to suppliers.**

Total Number (#) of Non-MBEs

Enter the total number of all non-MBE firms performing services/tasks on the contract. **A non-MBE firm is any vendor not included on the approved D/MBE plan.**

Percent or Dollar Amount awarded to Non-MBEs

Enter the percent or dollar amount awarded to all non-MBE firms.

Percent or Dollar Amount paid to Non-MBEs for the reporting period

Enter the percent or dollar amount paid to all non-MBE firms for the reporting period.

Amount paid to Non-MBEs to Date

Enter the sum of total payments paid to each non-MBE firms, from the beginning of the contract to present.

Comments

If the full amount of a D/MBE firm’s invoice was not paid, please list the reason(s) in this section. If there are any concerns/issues regarding the contract or D/MBE firm(s), please list them in this section.

Checkbox/Prepared By/Title/Phone/Email/Date

Please click the checkbox to confirm both the accuracy of the reported data and the fact that you are the person authorized to complete the report. Type the name, title, telephone number, and email address of the person completing the form. Be sure to include the area code with the telephone number. The report should be signed by the person completing it, or by someone who can respond to questions regarding the data contained in the report.