ILLINOIS STATE TOLL HIGHWAY AUTHORITY

FORM 2024 - DBE Trucking Reporting and Verification Form

Prime Contractor Name Contract Award Value Anount Earned to Date Percent Complete 25% Chose One Reporting Period: (h) Name of DBE Trucking Subcontractor Signature of Prime Contractor Authorized Agent Printed Name Total value of payments received for trucks leased and operated by this DBE trucker Total value of payments received for trucks leased from a Non-DBE Total value of payments received for trucks leased from a Non-DBE Chaivalae of payments received for trucks leased from a Non-DBE Chaivalae of payments received in association with lease of Non-DBE trucks (mark-up) d. S. 2,000.00 Total value of payments received in association with lease of Non-DBE trucks (mark-up) d. S. 2,000.00 Total bee or commission received in association with lease of Non-DBE trucks (mark-up) d. S.		To be submitted to the CM by		<mark>%, 50%, 75%</mark>		pletion, FINAL (Request for Rele	ease of Final Retainage)	
Prime Contractor Name Contract Award Value Amount Eirored to Date Percent Congleta Percent Per		Contract Number	SECTION A. to be t	lompieted	a by Phille CC	Diffactor		
Contract Award Value Amount Earned to Date Percent Complete Percent Pe	a) 5)			•				
Amount Earned to Date Percent Complete 25% To Reporting Period: To (h) Name of DBE Trucking Subcontractor 00 08E Trucking Subcontractor (h) Amount Paid to DBE from 0025 (k) Percent of Planned Amount Paid to Date (h) Name of DBE Trucking Subcontractor 10 00.000 0 \$ \$ \$5,000.00 8.50x Signature of Prime Contractor Authorized Agent Date Title Printed Name Title Number of Truckis Total value of payments received for trucks owned and operated by unsofter DBE trucker 0 4 Total value of payments received for trucks leased from a Non-DBE Truckier 5 50,000.00 2 Total value of payments received for trucks leased from a Non-DBE \$ \$ 2,000.00 1 5 Total value of payments received for trucks leased from a Non-DBE \$ \$ 2,000.00 1 5 50,000.00 Total value of payments received for trucks leased from a Non-DBE \$ \$ 2,000.00 1 5 50,000.00 Total value of payments received in association with lease of Non- DBE trucker \$ \$ 2,000.00 1 5 70,000.00 5 Total free or commission received in association with lease of Non- DBE trucks (mark-up) d. \$ \$ 2,000.00 Sum of a, b & dabove	Ś							
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Signature of Prime Contractor Authorized Agent Date Printed Name Title Number of Trucks SECTION B: to be completed by D&E Trucking Sub-Contractor Total value of payments received for trucks leased and operated by another DBE trucker Total value of payments received for trucks leased and operated by another DBE trucker Total value of payments received for trucks leased from a Non-DBE trucker Total value of payments received for trucks leased from a Non-DBE trucker Total value of payments received for trucks leased from a Non-DBE Total value of payments received in association with lease of Non-DBE DBE trucker Total value of payments received in association with lease of Non-DBE DBE trucking Participation Based on DBE Special Provision VILA. Total DBE Trucking Participation Based on DBE Special Provision VILA. Title Title Title Title Title Title Title Title Title Trucking Participation Based on DBE Special Provision VILA. Signa		(h) Name of DBE Trucking Subcontractor	me of DBE Trucking Subcontractor drom DBE Plan Subcontractor Amount (j) Amo		Subcontractor	• •		
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		Signature /Date of Constructio	on ivianager (CM)				Initials / Date	

ILLINOIS STATE TOLL HIGHWAY AUTHORITY

FORM 2024 - DBE Trucking Reporting and Verification Form

	To be submitted to the CM b	v the prime contractor at 25				Release of Final Retainage)			
		SECTION A: to be o							
a)	Contract Number	enter Tollway contract number							
b)	Prime Contractor Name	enter name of awarded contractor							
c)	Contract Award Value								
÷.		enter current approved contract value							
d)	Amount Earned to Date	enter current amount earned to date as of date of submission of form							
e)	Percent Complete	·	Chose One						
f)	Reporting Period:	beginning date of report		То	ending date of reporting	period			
	(h) Name of DBE Trucking Subcontractor	(i) DBE Trucking Subcontractor Amount from DBE Plan (Form 2025)	Trucking	nt Paid to DBE Subcontractor o Date	(k) Percent of Planned Amount Paid to Date				
g)	List name of DBE Trucking Firm (use sep	arate sheet for each firm)		paid to listed to-date	#VALUE!	note: value will automatically calculate			
h)	Authorized Signature				Date that report is submit	tted			
"	Signature of Prime Contractor	Authorized Agent	•		Date				
	Print Name of Above Authorized Signer								
i)	Printed Name		•		Title of Authorized Signer				
	Finted Name				nue				
	SE	ECTION B: to be comple	eted by D	BE Trucking	Sub-Contractor				
)	Total value of payments received for true this DBE trucker	cks owned and operated by		a.	\$	Number of Trucks			
k)	Total value of payments received for true another DBE trucker	cks leased and operated by		b.	\$	L			
I)	Total value of payments received for true trucker	cks leased from a Non-DBE		c.	\$	L			
m)	this field will automatically populate					ERROR			
n)	Total fee or commission received in asso DBE trucks (mark-up)	ciation with lease of Non-		d.	paid to subcontract as dis	haded Cell); include number alue			
))	Total DBE Trucking Participation Based	-			\$	-			
		This field w	/ill automat	tically populate	Sum of a,	b & d above			
p)									
	Signature of DBE Sub-Contractor	r Authorized Agent			Date				
4)									
1/	Printed Name	2	•		Title				
	I certify that I have read and understood true and correct to the best of my knowl authorize the Illinois State Toll Highway A	the information provided b edge, as of the stated date(s), and that	all responses a	the foregoing information so are full and complete, omitti				
	I understand that a material or false state DBE certification, initiation of suspension all civil and criminal penalties available p	n or debarment proceedings	s, and may s	subject the pers					
	Signature of Assigned CM w	ith date Signed			Diversity Verification				

Signature /Date of Construction Manager (CM)

Initials / Date
Diversity Department Staff will Initial and Date upon Receipt