# ISTHA SB Final Payment Report - Form SB 2115



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1	Report Date:				
2	Contract No.:				
3	Reporting Period:		Through		

### **Prime Contractor Information**

	4	Prime Contractor:	
Ī	5	Address:	
	6	Telephone:	

## **Subcontractor Information**

7	Subcontractor:	
8	Address:	
9	Telephone:	

## **SB Financials**

10	Original DBE Commitment (\$):	
11	Original DBE Commitment (%):	
12	Overall Percent Complete:	

**Subcontractor Payment** 

13	Payment Earned during Contract:	
14	Adjustments:	
15	Payment Received to date:	
16	Payment withheld due to	
16	delinquent debt:	
17	Balance Due:	

**Subcontractor Work during Contract:** 

Pay Item	Pay Item Description	Quantity	Unit	Unit	Total	Partial Pay Item	Total Earned by
No.				Price	Amount	Description (if app.)	Subcontractor
(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
						(20) Sum:	

	(27)Explanations
ı	(ZI) Explanations

Affidavit: This form is to verify the work completed and the amount paid to the SB Subcontractor on the above captioned contract. Under penalty of law for perjury or falsification, the undersigned certifies that the work reported herein was executed by the SB, that the SB actually performed, managed and supervised the work, that this represents all payment to the Subcontractor on the above captioned contract, excepting payment withheld due to delinquent debt for which the Subcontractor is responsible, and that the work reported herein conforms to the work reported in the approved Utilization Plan (SB Form 2026/2025) together with any amendments approved by ISTHA. The undersigned also certifies that he or she is a duly authorized agent with full power and authority to make this certification.

## **Prime Contractor**

28	Name of Agent:	
29	Title of Agent:	
30	Signature of Agent:	
31	Date of Signature:	

### Subcontractor

32	Name of Agent:		
33	Title of Agent:		
34	Signature of Agent:		
35	Date of Signature:		