

CITY OF HARTFORD Procurement Services /Contract Compliance Unit

Monthly Utilization Report

Report for Month/Year*

Project #

Location

This report is to be submitted **monthly** to the City of Hartford's Procurement Services Unit/Contract Compliance by each contractror and covered sub-contractor while on the project . Complete this report utilizing the certified payrolls for **all** the days in the reporting month. When "No Work Performed," please indicate such in the percent complete box.

CONTRACTOR NAME & ADDRESS						_		SUBCO	ONTRA	CTOR	NAME	& ADDR	RESS																			
																									% (Com	ple	te*				
																			(for this contractor on this project)								ect)					
Telelphone #:								Telephone #:																								
Contract Value:							Contract Value:																									
Start Date:							Start Date:																									
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Occupation *	Classification			American Hours		Hispanic Hours		Native Hours		Pacific Hours										ority oyees	Resident Employed		Ferr	nales		ack ales						Pacific Islander
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* Pick from the drop down box Totals																																
Prepared by :						Title:													Date:													
Reviewed by:							Title:												Date:													