

# ARCHITECTURE & ENGINEERING UTILIZATION REPORT

 MONTHLY REPORT (PARTS 1A & 1B)

 FINAL REPORT (PARTS 1A, 2 & 3)

**PARTS 1A & 1B**

This part is to be completed by the Prime Consultant and forwarded to the City of Miami

<b>A</b>	REPORTING PERIOD	PROJECT NAME	B - NO.	
	FROM:	PROJECT LOCATION	NTP DATE	
	TO:	USER DEPARTMENT		
		DEPT. PROJ. MANAGER	PHONE	FACSIMILE
	AMOUNT REQUISITIONED THIS PERIOD	AMOUNT REQUISITIONED TO DATE	AMOUNT PAID TO DATE	
	AMOUNT SUBS REQUISITIONED THIS PERIOD	AMOUNT SUBS REQUISITIONED TO DATE	AMOUNT PAID TO SUBS TO DATE	
	PRIME CONSULTANT		CONTRACT AWARD	CHANGE ORDER MODIFICATION AMOUNT
		DATE	AGREEMENT AMOUNT	ADDITIONAL SERVICES AMOUNT
	NAME OF FIRM			
	ADDRESS		SCHEDULE COMPLETION DATE	PERCENTAGE OF CONTRACT COMPLETED
	TELEPHONE	FACSIMILE	PROJECT MANAGER (PRIME)	

<b>B</b>	SUBCONSULTANTS						
NAME OF SUBCONSULTANT	AGREEMENT AMOUNT	DESCRIPTION OF WORK	% of GOAL PAID TO DATE	\$ AMOUNT SUB REQUISITIONED THIS PERIOD	TOTAL \$ PAID TO SUB TO DATE	ACTUAL STARTING DATE	SCHEDULED COMPLETION DATE

\_\_\_\_\_  
 AUTHORIZED SIGNATURE OF PRIME CONSULTANT                      PRINT NAME                      TITLE                      DATE

This part is to be completed by the Prime Consultant and forwarded to COM.

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 AUTHORIZED SIGNATURE OF PROJECT MANAGER                      PRINT NAME                      DATE

# ARCHITECTURE & ENGINEERING UTILIZATION REPORT - FINAL ONLY

## PART 2

**This part is to be completed by the Subconsultants and forwarded to the Prime Consultant.**

SUBCONSULTANTS						
NAME OF SUBCONSULTANT	TOTAL AGREEMENT AMOUNT	FINAL SUB REQUISITION AMOUNT	TOTAL PAID TO DATE TO SUBCONSULTANT	TOTAL SUB REQUISITIONED TO DATE	DATE OF WORK COMPLETION	GOAL (%)
AUTHORIZED SIGNATURE OF SUBCONSULTANT						

## PART 3

**This part is to be executed by the Prime Consultant and forwarded to the COM.**

SIGNATURE OF AFFIANT (PRIME CONSULTANT)	TITLE	Sworn before me: This _____ day of _____, 2013
PRINTED NAME OF AFFIANT	DATE	NOTARY PUBLIC

## COM USE

**This part is to be completed by the COM with Final Requisition.**

CIP AUTHORIZED SIGNATURE	PRINT NAME	DATE
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