

MONTHLY MATERIALS CONSUMPTION REPORT

(CHRO FORM-259)

<p>Contract Compliance Unit The Commission on Human Rights and Opportunities 450 Columbus Blvd Ste 2 Hartford CT 06103</p>	<p align="center"><u>MONTHLY MATERIALS CONSUMPTION REPORT</u></p> <p align="center">(CHRO FORM-259)*</p> <p>* TO BE FILLED OUT BY SBE/MBE/WBE/DIS CONTRACTORS/VENDORS WHOSE SOLE ROLE IN THE CONTRACT DESCRIBED BELOW IS THAT OF A "SUPPLIER OF MATERIALS."</p>
<p>NAME AND ADDRESS OF SBE/MBE/WBE/DIS CONTRACTOR/VENDOR (submitting report):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>STATE CONTRACT NUMBER: _____</p> <p>PROJECT NAME: _____</p> <p>STATE AWARDING AGENCY _____</p> <p>REPORTING PERIOD FROM: _____ TO: _____</p>
<p>The SBE/MBE/WBE/DIS Contractor / Vendor, submitting this report, <u>DID SUPPLY MATERIALS</u> to the General Contractor, or its Subcontractors, for the monthly reporting period listed above and for use in the aforesaid contract.</p> <p>I Agree: _____ /Date: _____</p> <p>Signature of the Head of the Company</p> <p>_____</p> <p>Printed Name and Printed Title of Person Signing</p>	<p>The SBE/MBE/WBE/DIS Contractor / Vendor, submitting this report, <u>DID NOT SUPPLY MATERIALS</u> to the General Contractor or its Subcontractors, for the monthly reporting period listed above and for use in the aforesaid contract.</p> <p>I Agree: _____ /Date:-- _____</p> <p>Signature of the Head of the Company</p> <p>_____</p> <p>Printed Name and Printed Title of Person Signing</p>