



ILLINOIS STATE TOLL HIGHWAY AUTHORITY
FORM 2024 - SB Trucking Reporting and Verification Form

To be submitted to the CM by the prime contractor at 25%, 50%, 75% of contract completion, FINAL (Request for Release of Final Retainage)

SECTION A: to be completed by Prime Contractor

(a) Contract Number _____

(b) Prime Contractor Name _____

(c) Contract Award Value _____

(d) Amount Earned to Date _____

(e) Percent Complete Chose One

(f) Reporting Period: _____ To _____

(h) Name of SB Trucking Subcontractor	(i) SB Trucking Subcontractor Amount from SB Plan (Form 2025)	(j) Amount Paid to SB Trucking Subcontractor to Date	(k) Percent of Planned Amount Paid to Date
			#DIV/0!

(h) _____ Signature of Prime Contractor Authorized Agent _____ Date _____

(i) _____ Printed Name _____ Title _____

SECTION B: to be completed by SB Trucking Sub-Contractor

	Number of Trucks
(j) Total value of payments received for trucks owned and operated by this SB trucker	a. _____
(k) Total value of payments received for trucks leased and operated by another SB trucker	b. _____
(l) Total value of payments received for trucks leased from a Non-SB trucker	c. _____
(m) _____	\$ _____ -
Total of a, b & c above must be equal to the amount paid to subcontract as disclosed by the prime contractor in Section A (Shaded Cell); include number of trucks for each dollar value.	
(n) Total fee or commission received in association with lease of Non-SB trucks (mark-up)	d. _____
(o) Total SB Trucking Participation Based on DBE Special Provision VII.A.	\$ _____ -
	Sum of a, b & d above
(p) _____ Signature of SB Sub-Contractor Authorized Agent _____ Date _____	
(q) _____ Printed Name _____ Title _____	

I certify that I have read and understood the information provided by this form and that all of the foregoing information submitted in this affidavit are true and correct to the best of my knowledge, as of the stated date(s), and that all responses are full and complete, omitting no material information. I authorize the Illinois State Toll Highway Authority to make inquiries to verify the accuracy of the statements made.

I understand that a material or false statement or omission made in connection with this application may be sufficient cause for revocation of a prior SB registration, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State law.

Signature /Date of Construction Manager (CM)

Diversity Verification

Initials / Date