

MONTHLY MATERIALS CONSUMPTION REPORT

(CHRO FORM-259)

<p>The State of Connecticut Commission on Human Rights and Opportunities Affirmative Action/Contract Compliance Unit Central Office 21 Grand Street, 4th FL Hartford, CT 06106</p>	<p><u>MONTHLY MATERIALS CONSUMPTION REPORT</u> (CHRO FORM-259)* * 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: _____ Signature of President/C.E.O. of Company</p> <p>Date: _____</p> <p>Printed Name: _____</p> <p>Printed Title: _____</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: _____ Signature of President/C.E.O. of Company</p> <p>Date: _____</p> <p>Printed Name: _____</p> <p>Printed Title: _____</p>