# SUMMARY OF MATERIAL IN STORAGE

Contract Registration No.  
FMS ID:  
Payment No.  
Payment Period: From  
To  

Project Description  
Original Contract Price  

Contractor’s Name  
Contractor’s Address  

<table>
<thead>
<tr>
<th>Contract Item</th>
<th>Description</th>
<th>Contract or Detailed Estimate</th>
<th>Stored at End of Last Period</th>
<th>Delivered this Period</th>
<th>Installed this Period</th>
<th>Stored at End of this Period</th>
<th>Cost (Lower of Bid Price or Invoice Price)</th>
<th>Cost times (x) Quantity Stored at End of this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Subtotals From Sheets  

Notes: Bill Of Sale And Receipted Invoices  
(In Triplicate) Required For All Items Listed  

Total  

February 24, 1997
a. Value of material in storage at end of this period. (Col. 9 Total) $ ________________
b. Less value of materials lost, missing, or rejected. (See Table II below) $ ________________
c. Net value of materials in storage at end of this period. (a - b) $ ________________
d. Percentage payable under contract. (See Contract Specifications) _____________ %
e. Amount due for materials in storage. (c x d) $ ________________

Table I:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Place of Storage</th>
</tr>
</thead>
</table>

The above materials or equipment is stored at the location(s) indicated above and I have inspected the above materials or equipment while at the location(s) specified and I find that:
(a) The materials or equipment stored is the same as indicated on paid invoices submitted to The Department of Design and Construction for payment of such materials or equipment.
(b) The quantities of materials or equipment in storage is the same as indicated under Column 7 on the reverse side of this form, except as indicated below in Table II.
(c) The material or equipment in storage is tagged “Property of the City of New York”

Contractor's Representative

Department of Design and Construction

CPM/RE: ____________________________ Print Name

Signature: __________________________ Signature

Title: ____________________________

Date: ____________________________

Table II:
Material or Equipment Lost, Missing, or Rejected at the Time Inspection was Made.

<table>
<thead>
<tr>
<th>Invoice No.</th>
<th>Vendor</th>
<th>Item No.</th>
<th>Description</th>
<th>Requisitioned Amount</th>
</tr>
</thead>
</table>

Total