

**CITY OF NEW YORK
DEPARTMENT OF DESIGN AND CONSTRUCTION**

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 _____

Quantities							Values	
1	2	3	4	5	6	7	8	9
Contract Item	Description	Contract or Detailed Estimate	Stored at End of Last Period	Delivered this Period	Installed this Period	Stored at End of this Period	Cost (Lower of Bid Price or Invoice Price)	Cost times (x) Quantity Stored at End of this Period [7x 8]

Subtotals From Sheets _____

Total _____

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

For Payment # _____

- 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:

Item No.	Description	Place of Storage

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

Print Name

Signature

Title

CPM/RE: _____
Print Name

Signature

Title

Date: _____

Date: _____

Table II:

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

Invoice No.	Vendor	Item No.	Description	Requisitioned Amount
Total				