

**REPRESENTATIVES USED AND COMPENSATION PAID FOR SERVICES  
IN CONNECTION WITH OBTAINING FEDERAL CONTRACTS**

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Amount Paid (If any) \$ \_\_\_\_\_

Amount Due (If any) \$ \_\_\_\_\_

Total Amount of Compensation \$ \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Representative's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Amount Paid (If any) \$ \_\_\_\_\_

Amount Due (If any) \$ \_\_\_\_\_

Total Amount of Compensation \$ \_\_\_\_\_

Description of Services Provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby certifies that the information for the six-month period ending \_\_\_\_\_, as provided above is accurate and complete. (If necessary, the statement of services may be continued on a separate page).

Name of 8(a) Participant Firm: \_\_\_\_\_

Principals' Printed Name: \_\_\_\_\_

8(a) Case # \_\_\_\_\_

Principals' Printed Title: \_\_\_\_\_

Principals' Signature: \_\_\_\_\_

Date: \_\_\_\_\_