



OPERATIONAL SERVICES DIVISION
OFFICE OF OPERATIONS, TRAINING & AUDIT

THE COMMONWEALTH OF MASSACHUSETTS
Executive Office for Administration and Finance
OPERATIONAL SERVICES DIVISION
One Ashburton Place, Suite 1017
Boston, MA 02108-1552

**STATEWIDE CONTRACT ADMINISTRATION FEE
QUARTERLY REPORT**

Reporting Period and Payment Deadline: Indicate which calendar year and quarter this report covers (check only one quarter):

Calendar Year: 20--

- First Quarter: January 1st – March 31st (Report and Payment Due by May 15th)
- Second Quarter: April 1st – June 30th (Report and Payment Due by August 15th)
- Third Quarter: July 1st – September 30th (Report and Payment Due by November 15th)
- Fourth Quarter: October 1 – December 31st (Report and Payment Due by February 15th)

STATEWIDE CONTRACT DOC NO.	MASSACHUSETTS 10-DIGIT VENDOR CODE	
	VC	
LEGAL COMPANY NAME	DOING BUSINESS AS (DBA) (if applicable)	

PERSON COMPLETING THIS FORM:			
FIRST NAME	M.I.	LAST NAME	
EMAIL ADDRESS	TELEPHONE	FAX	
ADDRESS LINE 1		ADDRESS LINE 2	
CITY		STATE	ZIP

LINE	STATEWIDE CONTRACT ADMINISTRATION FEE WORKSHEET		
1.	Total payments received to date from Eligible Entities ¹ in this fee Quarter:	\$.00
2.	Multiplied by 1% Contract Administration Fee:	x 0.01	
3.	Total Quarterly Fee Due (Line 1 multiplied by Line 2):	\$.00
4.	Plus: Previous Quarter's Deferred payment due (if applicable) (payments may only be deferred if amount due was under \$50.00):	\$.00
5.	Total Payments Due and Paid to OSD (Line 3 plus Line 4)		.00
6.	No payment is submitted with this report because: <input type="checkbox"/> No payments were received this quarter OR <input type="checkbox"/> Payment due would be less than \$50.00 and is deferred until the next quarter		

Under pains and penalties of perjury, I hereby declare that this is a true and accurate report of payments and fees due pursuant to the terms of the above-referenced Statewide Contract.

Electronic Signature: _____

Date: _____



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Instructions:

1. Use one form for each Statewide Contract subject to this fee.
2. Report ONLY total payments received during the reporting period specified on the front page of the form.
3. Include the previous quarter's deferred payment if applicable on Line 4.
4. **A completed report is required, even if:**
 - a. **No payments were received this quarter or**
 - b. **Payment due would be less than \$50 and deferred until the next quarter.**
5. All payments can be made through the secure payment center which you can access through the Administration Fee email Notice.
6. This Statewide Contractor Administration Fee Report AND applicable Contract Administration Fees must be received no later than 45 days after the end of the Reporting Period.
7. Failure to provide the report and applicable fees may result in the Contractor being found in default and subject to the penalties provided for in the Statewide Contract Administration Fee policy that is included in this Statewide Contract, which is incorporated by reference into this form.

For information concerning the use of this form and/or Contract Administration Fees, please contact the Operational Services Division at (617) 720-3300 and ask to speak with the Contract Administration Fee Auditor.

ⁱ Eligible Entities include, but are not limited to: a) Cities, towns, districts, counties and other political subdivisions; b) Executive, Legislative and Judicial Branches, including all departments and elected offices therein; c) Independent public authorities, commissions, and quasi-public agencies; d) Local public libraries, public school districts, and charter schools; e) Public hospitals owned by the Commonwealth; f) Public institutions of higher education; g) Public purchasing cooperatives; h) Non-profit, UFR-certified organizations that are doing business with the Commonwealth; i) Other states and territories with no prior approval by the State Purchasing Agent required; and j) Other entities when designated in writing by the State Purchasing Agent.