**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**

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| **State of Delaware** |
| **Monthly Usage Report** |
| **Supplier Name:** |   | **Report Start Date:** |   |
| **Contact Name:**  |   |   Enter Contract No. | **Report End Date:** |   |
| **Contact Phone:**  |   |    | **Today’s Date:** |   |
| **Agency Name or SchoolDistrict** | **Divisionor Nameof School** | **Budget Code** | [UNSPSC](http://www.unspsc.org/) | **Item Description** | **Contract ItemNumber** | **Unit of Measure** | **Qty** | **Contract ProposalPrice/Rate** | **Total Spend** |
|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |
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|   |   |   |   |   |   |   |   |   | $0.00  |
|   |   |   |   |   |   |   |   |   | $0.00  |

**Note:** A copy of the Usage Report will be sent by electronic mail to the Awarded Vendor. The report shall be submitted electronically in **EXCEL** and sent as an attachment to enter agency email. It shall contain the six-digit department and organization code for each agency and school district.

**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**

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| **State of Delaware** |
| **Subcontracting (2nd tier) Quarterly Report** |
| **Prime Name:**  |   |   | **Report Start Date:**  |   |   |   |   |   |
| **Contract Name/Number** |   |   | **Report End Date:**  |   |   |   |   |   |
| **Contact Name:**  |   |   | **Today's Date:**  |   |   |   |   |   |
| **Contact Phone:**  |   |   | \*Minimum Required  | Requested detail |   |   |   |   |   |
| **Vendor Name\*** | **Vendor TaxID\***  | **Contract Name/ Number\*** | **Vendor Contact Name\*** | **Vendor Contact Phone\*** | **Report Start Date\*** | **Report End Date\*** | **Amount Paid to Subcontractor\*** | **Work Performed by Subcontractor UNSPSC** | **M/WBE Certifying Agency** | **Veteran** **/Service Disabled Veteran Certifying Agency**  | **2nd tier Supplier Name** | **2nd tier Supplier Address** | **2nd tier Supplier Phone Number** | **2nd tier Supplier email** | **Description of Work Performed**  | **2nd tier Supplier Tax Id** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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**Note:** A copy of the Subcontracting Quarterly Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: vendorusage@state.de.us