

MONTHLY MBE/WBE UTILIZATION REPORT FOR PROFESSIONAL SERVICES

PLEASE NOTE: A copy of all invoices issued by sub-consultants must be attached to this report.

PROJECT INFORMATION:

Project Name:		Date Awarded:	/ /
Company Name:		Project #:	
Negotiated Fee/Contract Award Amount:		Prime Paid to Date:	
Amendments/Change Order Amounts:		Prime Paid this Month:	\$
Current Contract Total:	\$0.00	Reporting Period Ending: Month/YR	
Total # Amendments/Change Orders		Payment #	
Status of the Project:	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ON HOLD	<input type="checkbox"/> COMPLETE

PRIME CONTRACTOR INFORMATION:

Contact Name:	E-Mail Address:
Phone:	Fax:

SUB-CONSULTANTS UTILIZATION:

MBE SUB-CONSULTANT(S)								
Firm Name	Start Date	Allocated Fee/Yr	Amendments/Change Orders \$\$	Change Order #	Amount Paid This Month	Payment #	Amount Paid to Date	% Paid to Date
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
Totals:		\$ -	\$ -		\$0.00		\$0.00	#DIV/0!

WBE SUB-CONSULTANT(S)								
Firm Name	Start Date	Allocated Fee/Yr	Amendments/Change Orders \$\$	Change Order #	Amount Paid This Month	Payment #	Amount Paid to Date	% Paid to Date
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
		\$0.00	\$0.00		\$0.00		\$0.00	#DIV/0!

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

SIGNATURE	TITLE	DATE
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