

*This form must be completed monthly by the prime contractor.*

**MBE ATTACHMENT D-4A MBE Prime Contractor Paid/Unpaid MBE Invoice Report**

**Department or Agency**  
**Minority Business Enterprise Participation**  
**Prime Contractor Paid/Unpaid MBE Invoice Report**

Report #: _____ Reporting Period (Month/Year): _____ <b>Report is due to the MBE Officer by the 10th of the month following the month the services were provided.</b> <b>Note: Please number reports in sequence</b>	Contract #: _____ Contracting Unit: _____ Contract Amount: _____ MBE Subcontract Amt: _____ Project Begin Date: _____ Project End Date: _____ Services Provided: _____
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Prime Contractor:	Contact Person:	
Address:		
City:	State:	ZIP:
Phone:	FAX:	Email:
MBE Subcontractor Name:	Contact Person:	
Phone:	FAX:	
Subcontractor Services Provided:		
List all payments made to MBE subcontractor named above during this reporting period: Invoice#      Amount 1. 2. 3. 4.		List dates and amounts of any outstanding invoices: Invoice #      Amount 1. 2. 3. 4.
Total Dollars Paid: \$ _____		Total Dollars Unpaid: \$ _____

**\*\*If more than one MBE subcontractor is used for this contract, you must use separate D-4A forms.**  
**Information regarding payments that the MBE prime will use for purposes of meeting the MBE participation goals must be reported separately in Attachment D-4B.**

**\*\*Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):**

Contract Manager Contracting Unit (Department or Agency)
mailto: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

*This form must be completed monthly by MBE subcontractor*

## **Sample MBE D-5 Subcontractor Paid/Unpaid MBE Invoice Report**

### **Minority Business Enterprise Participation**

#### **Subcontractor Paid/Unpaid MBE Invoice Report**

Report#: _____	Contract # _____
Reporting Period (Month/Year): _____	Contracting Unit: _____
<b>Report is due by the 10th of the month following the month the services were performed.</b>	MBE Subcontract Amount: _____
	Project Begin Date: _____
	Project End Date: _____
	Services Provided: _____

MBE Subcontractor Name: _____		
MDOT Certification #: _____		
Contact Person: _____	Email: _____	
Address: _____		
City: _____	State: _____	ZIP: _____
Phone: _____	FAX: _____	
Subcontractor Services Provided: _____		
List all payments received from Prime Contractor during reporting period indicated above.		List dates and amounts of any unpaid invoices over 30 days old.
Invoice	Amount	Date
1.		
2.		
3.		
4.		
Total Dollars Paid: \$ _____		Total Dollars Unpaid: \$ _____
Prime Contractor: _____		Contact Person: _____
**Return one copy of this form to the following address (electronic copy with signature & date is preferred): _____		
_____		
Contract Manager Contracting Unit (Department or Agency)		
_____ mailto: _____		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)