

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: _____
Report is due by the of the month following the month the services were performed.	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. <table border="0"><thead><tr><th></th><th>Invoice</th><th>Amount</th><th>Date</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td><td></td></tr></tbody></table> Total Dollars Paid: \$ _____			Invoice	Amount	Date	1.				2.				3.				4.				List dates and amounts of any unpaid invoices over 30 days old. <table border="0"><thead><tr><th></th><th>Invoice</th><th>Amount</th><th>Date</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td><td></td></tr></tbody></table> Total Dollars Unpaid: \$ _____		Invoice	Amount	Date	1.				2.				3.				4.			
	Invoice	Amount	Date																																							
1.																																										
2.																																										
3.																																										
4.																																										
	Invoice	Amount	Date																																							
1.																																										
2.																																										
3.																																										
4.																																										
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)