

This form must be completed monthly by the prime contractor.

MBE ATTACHMENT G-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): _____ Report is due to the MBE Officer by the 10th of the month following the month the services were provided. Note: Please number reports in sequence	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:	List dates and amounts of any outstanding invoices:	
Invoice# Amount	Invoice # Amount	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Total Dollars Paid:	Total Dollars Unpaid:	
\$ _____	\$ _____	

****If more than one MBE subcontractor is used for this contract, you must use separate G-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 G-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 G-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 10th 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.		List dates and amounts of any unpaid invoices over 30 days old.
Invoice Amount	Date	Invoice Amount Date
1.		1.
2.		2.
3.		3.
4.		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)