

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): _____ 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: _____
---	--

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 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: _____
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.																															
<table border="1"><thead><tr><th>Invoice</th><th>Amount</th><th>Date</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td></tr></tbody></table>	Invoice	Amount	Date	1.			2.			3.			4.			<table border="1"><thead><tr><th>Invoice</th><th>Amount</th><th>Date</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td></tr></tbody></table>		Invoice	Amount	Date	1.			2.			3.			4.		
Invoice	Amount	Date																														
1.																																
2.																																
3.																																
4.																																
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)