



MBE DOCUMENTATION FOR SUBCONTRACT PAYMENTS

Subcontractor: _____

Subcontractor Category (if MBE): _____

Project Name: _____

Pay Application #: _____ Period: _____

Second Tier Subcontractor Name	MBE Category*	Amount Paid This Month**	Total Payments To Date	Total Amount Committed
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*Minority (MBE) categories:

B - Black African American
H - Hispanic
A - Asian American

I - American Indian
F - Female
D - Socially & Economically
Disadvantaged

**If no subcontractors used or payments made, please indicate by "none" or \$0.00

Date: _____ Approved/Certified By: _____

Name

Title

Signature

SUBMIT WITH EACH PAY REQUEST & FINAL PAYMENT