

University of Maryland, College Park - MBE SUBCONTRACTOR MONTHLY PAYMENT REPORT

(MBE Attachment G)

NAME OF MBE SUBCONTRACTOR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CAMPUS/PROJECT NAME: _____ CONTRACT/PROJECT NO.: _____

PRIME CONTRACTOR: _____

NAME OF CONTRACTOR THAT PAYS MBE SUBCONTRACTOR _____ ORIGINAL CONTRACT DOLLAR AMOUNT: _____

CURRENT CONTRACT AMOUNT (Including Change Orders): _____ TOTAL CONTRACT AMOUNT PAID TO DATE: _____

FINAL REPORT: _____ NO _____ Yes COMPLETION DATE: _____

WORK/ SERVICE PERFORMED	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID BY CONTRACTOR	PAYMENT DATE	AMOUNT OF PAYMENTS OVER 30 DAYS LATE*

*NOTE: Attach an explanation of the reason for any subcontractor payments that are over 30 days late.

As an authorized representation for the firm below, I certify that the information above is true and correct.

SIGNATURE OF AUTHORIZED MBE FIRM REPRESENTATIVE: _____ DATE: _____
 PRINT NAME & TITLE: _____ E-MAIL: _____
 PHONE: _____ FAX: _____

Submit signed MBE SUBCONTRACTOR PAYMENT REPORT to: MBE Liaison, University of Maryland via Fax (301) 314-9565 or Email: mbe@umd.edu