

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