MBE SUBCONTRACTOR MONTHLY PAYMENT REPORT

MBE SUBCONTRACTOR_____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PROJECT NAME _____ CONTRACT NO. _____

PRIME CONTRACTOR _____

CURRENT SUBCONTRACT AMOUNT (including change orders) $_____ TOTAL PAID BY PRIME CONTRACOR TO DATE $_____

REPORT FOR MONTH /YEAR _____ FINAL REPORT YES ☐ NO ☐

INVOICE DATE	INVOICE $ AMOUNT	DATE PAID BY PRIME CONTRACTOR	$ AMOUNT PAID BY PRIME CONTRACTOR	AMOUNT OF PAYMENT(S) OVER 30 DAYS LATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ DATE _____

PRINTED NAME & TITLE _____ PHONE _____ EMAIL _____

Subcontractor Submit to: **MBE Liaison**
Fax (301) 314-3011
or mail to:

MBE Liaison
University of Maryland
0410 Services Building
College Park, MD 20742

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