



MBE DOCUMENTATION FOR CONTRACT PAYMENTS

Subcontractor/Supplier: _____

Address & Phone: _____

Project Name: _____

Pay Application #: _____ **Period:** _____

The following is a list of payments made to Minority Business Enterprises on this project for the above-mentioned period.

MBE FIRM NAME	FIRM REGISTERED WITH N.C.	* INDICATE TYPE OF MBE	AMOUNT PAID THIS MONTH	TOTAL PAYMENTS TO DATE	TOTAL AMOUNT COMMITTED
	Y / N				
	Y / N				
	Y / N				
	Y / N				
	Y / N				
	Y / N				

*Minority categories: Black, African American (B), Hispanic (H), Asian American (A), American Indian (I), Female (F), Social and Economically Disadvantage (D)

Date: _____

Approved/Certified By: _____

Name

Title

Signature

SUBMIT WITH EACH PAY REQUEST & FINAL PAYMENT