TO BE SUBMITTED BY CONTRACTOR/VENDOR WITH EACH INVOICE

MBE Attachment G

MONTHLY COST BREAKDOWN FOR PROGRESS SUBCONTRACTOR PAYMENTS

(INCLUDE ALL MBE AND NON-MBE SUBCONTRACTORS)

Contract ID#: _____ Project Name: _____

Name of Prime Contractor: _____ Notice to Proceed Date: _____

Contract MBE Subcontract Goal(s):

Overall MBE Goal _____%
Sub-goals:
_____% Women-owned firms
_____% African-Americans owned firms

MBE Subcontract Goal(s) Achieved to Date:

Overall MBE Goal _____%
Sub-goals:
_____% Women-owned firms
_____% African-Americans owned firms

Invoice Date: _____ Invoice #: _____ Invoice Amount: $_____

SUBCONTRACT PAYMENT INFORMATION

SUBCONTRACTOR'S NAME & MDOT MBE CERTIFICATION No. (if applicable)	TOTAL DOLLAR VALUE OF SUBCONTRACTOR'S WORK	TOTAL DOLLAR AMOUNT OF SUB'S WORK INCLUDED IN THIS INVOICE	TOTAL DOLLAR AMOUNT OF SUB'S WORK INVOICED TO DATE	TOTAL DOLLAR AMOUNT PAID TO SUBCONTRACTOR TO DATE
Name: MDOT # _____				
Name: MDOT # _____				
Name: MDOT # _____				
Name: MDOT # _____				

CERTIFIED AS CORRECT:

_____ _____

Signature Print Name Date

_____

Address City State Zip Phone Number

_____

Email

_____ _____

Signature of MES Project Manager Date

MES-PROC-23
Revised 1/2005