**MBE Attachment \_\_\_-4A**

**{INSERT AGENCY NAME}**

**Minority Business Enterprise Participation**

**Prime Contractor Paid/Unpaid MBE Invoice Report**

|  |  |
| --- | --- |
| Report #: \_\_\_\_\_\_\_\_  Reporting Period (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_  **Prime Contractor: Report is due to the MBE Liaison by the 10th of the month following the month the services were provided.**  **Note: Please number reports in sequence.** | Contract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contracting Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contract Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MBE Subcontract Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prime Contractor: | | | | Contact Person: | |
| Address: | | | | | |
| City: | | | State: | | ZIP: |
| Phone: | Fax: E-mail: | | | | |
| MBE Subcontractor Name: | | | | Contact Person: | |
| Phone: | Fax: | | | | |
| Subcontractor Services Provided: | | | | | |
| **List all payments made to MBE subcontractor named above**  **during this reporting period:**  **Invoice# Amount**  **1.**  **2.**  **3.**  **4.**  **Total Dollars Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **List dates and amounts of any outstanding invoices:**  **Invoice # Amount**  **1.**  **2.**  **3.**  **4.**  **Total Dollars Unpaid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

* If more than one MBE subcontractor is used for this contract, you must use separate 1-4A forms for each subcontractor.
* Information regarding payments that the MBE prime will use for purposes of meeting the MBE participation goals must be reported separately in Attachment 1-4B

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| * **Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):**   {INSERT AGENCY}  {INSERT DEPARTMENT}  {INSERT CONTACT NAME}  {INSERT MAILING ADDRESS}  {INSERT TELEPHONE}{INSERT FAX}{INSERT E-MAIL ADDRESS} |