



**Quarterly Report of Amounts  
Paid For Consultant Agreements  
As DBE Participation**

Check appropriate reporting period and enter reporting year. <input type="checkbox"/> 1st Quarter - January (Oct. - Dec.) <input type="checkbox"/> 4th Quarter - October (July - Sept.) <input type="checkbox"/> 2nd Quarter - April (Jan. - Mar.) <input type="checkbox"/> Final <input type="checkbox"/> 3rd Quarter - July (April - June)     Reporting Year _____	State Agreement Number _____ <hr/> Statewide Vendor Number (SWV) _____
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Prime Consultant and Statewide Vendor Number \_\_\_\_\_

DBE Participant Name and Statewide Vendor Number	Contract Type	Date of Payment	Payment Amount

**Contract Type:** P = Prime Consultant  
S = Subconsultant

I, the undersigned, do hereby certify that in connection with all work on the project for which this statement is submitted, each DBE participant contracted by me has been paid on the dates shown. \*Further, I certify that the amounts shown under "Payment" are in accordance with the "**WSDOT DBE Program**".

Signature \_\_\_\_\_ Title \_\_\_\_\_

**This form is due on January 20, April 20, July 20, and October 20 of each calendar year. The final shall be submitted 30 days following receipt of final payment.**