

Monthly Report of Amounts Paid For Consultant Agreements As DBE Participation

Check appropriate reporting period and enter reporting year. Month _____ Year _____	State Agreement Number Statewide Vendor Number (SWV)
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Prime Consultant and Certification Number (if applicable)

DBE Participant Name and Certification Number	Contract Type	Task Order Number	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 _____

For duration of the agreement, monthly reports are due on the 20th of the following month.

Email to: wsdotcso@WSDOT.WA.GOV