



## Quarterly Report of Amounts Paid as MBE/WBE Participants

**This form required from the Prime Contractor on all State funded Projects  
quarterly and upon completion of the project.**

Quarter	Jan 1 - Mar 31 Jul 1 - Sep 30 <hr style="width: 80%; margin: 0 auto;"/> (Quarter Start Date)	Apr 1 - Jun 30 Oct 1 - Dec 31 <hr style="width: 80%; margin: 0 auto;"/> (Completion Date)	Calendar Year  State Contract Number
Contractor			Federal Employer I.D. Number
<b>MBE/WBE Participant Name and Federal Employer ID Number</b>	<b>Contract Type</b>	<b>Amount Paid Participants (Including Retainage Held) \$</b>	
<b>CONTRACT TYPE:</b> S = Subcontractor      A = Agent M = Manufacturer       R = Regular Dealer J = Joint Venture        V = Service Provider			
I certify that all MBE/WBE participants contracted by me on the noted contract are listed above and that they have been paid the amounts shown.			
Signature		Title	