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

**{INSERT AGENCY NAME}**

**Minority Business Enterprise Participation**

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

|  |  |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 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} |