

## Maryland Department of Public Safety & Correctional Services Minority Business Enterprise Monthly Cost Breakdown

DATE: \_\_\_\_\_

Solicitation No. \_\_\_\_\_

Project / Contract (Prime)  
Total Amount \$ \_\_\_\_\_

Period From: \_\_\_\_\_

Project / Contract Number \_\_\_\_\_

Prime Contractor \_\_\_\_\_

To: \_\_\_\_\_

Project / Contract Title \_\_\_\_\_

MBE Subcontractor Name & Trade	Total MBE Subcontract Award	Amount Paid This Requisition	Percent Complete To Date	Total Dollars Paid To Date
<b>TOTALS</b>				

Approved: \_\_\_\_\_

\_\_\_\_\_  
Prime Contractor Date

\_\_\_\_\_  
DPSCS State Representative Date

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
MBE Office Date

SUBMIT THIS FORM WITH THE MONTHLY INVOICE STATEMENT