

Maryland Department of Public Safety & Correctional Services Prime Contractor Report on Monthly Payment to Minority Business Enterprises

BPO/PO No.: _____							
Project / Contract (Prime) Total \$ Amount		Project / Contract Number			Reporting Period Start / End Dates		
Prime Contractor		Project / Contract Title			Approved MBE Goal %		
Email Address		Project Start / End Dates			Percent Project Complete		
MBE Subcontractor Name & Contact Person	MBE Subcontractor Service(s) Provided	Total MBE Subcontract \$	Amount Paid This Period	Check No. / Date of Check	Total Dollars Paid To Date	Percent Complete To Date	Outstanding Invoices Date / \$
TOTAL							

To the best of my knowledge, I affirm that the proceeding reported information is true and correct:

Reviewed:

Prime Contractor Contact (Signature) Date

(Print Name and Title)

DPSCS Representative Date

MBE Office Date
mbe@dpscs.state.md.us

SUBMIT THIS FORM WITH THE MONTHLY INVOICE STATEMENT TO MBE OFFICE & CONTRACT MONITOR