

**MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES  
MINORITY BUSINESS ENTERPRISE SUBCONTRACTOR PAYMENT REPORT**

(All bolded text is critical and must be included)

<b>Beginning Report Date</b> (MM/DD/YY) _____ <b>Ending Report Date</b> (MM/DD/YY) _____ <b>Report due by the 10th of following month.</b>	<b>Project / Contract Number:</b> _____ <b>Project / Contract Title:</b> _____
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<b>BPO/PO Number:</b> _____ <b>Project / Contract Start Date:</b> _____ <b>Project / Contract End Date:</b> _____	<b>Prime Contract Amount:</b> \$ _____ <b>Total Subcontract Amount:</b> \$ _____ <b>Amount Received Contract To Date:</b> \$ _____
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**MBE Subcontractor Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ **Email:** \_\_\_\_\_

Address: \_\_\_\_\_ **MDOT Certification #:** \_\_\_\_\_

City: \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Fax:** \_\_\_\_\_

**MBE Services Provided:** \_\_\_\_\_

<b>List all payments received from Prime Contractor during this Reporting Month.</b> 1. \$ _____ Check No. _____ 2. \$ _____ Check No. _____ 3. \$ _____ Check No. _____ <b>Total Dollars received this month \$</b> _____	<b>List dates and amount of any invoices over 45 days.</b> 1. \$ _____ Invoice No. _____ Date _____ 2. \$ _____ Invoice No. _____ Date _____ 3. \$ _____ Invoice No. _____ Date _____ <b>Total Dollars Unpaid \$</b> _____
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**Prime Contractor Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Send one (1) copy of this form to:</b> DPSCS Contract Monitor _____ <b>Phone Number:</b> _____ _____ <b>Email Address:</b> _____ _____	<b>Send Original Form to:</b> <b>Minority Business Enterprise Office</b> Department of Public Safety and Correctional Services 6776 Reisterstown Road, Suite 208 Baltimore, MD 21215 410.585.3744 <b>mbe@dpsc.state.md.us</b>
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To the best of my knowledge, I affirm that the information reported above is true and correct:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

(Print Name and Title)

To be completed **Monthly** by MBE Subcontractor to MBE Office.