

**MONTHLY MBE UTILIZATION REPORT
LIST ALL MINORITY (ALL TIERS) SUBCONTRACTORS**

General Contractor: _____ Name of Project: _____ Report No: _____

General Award Value: \$ _____ Contract No.: _____ Month Ending: _____

N.T.P. Date: _____

Minority Subcontractor	MDOT Certification (SBA Designate)	Indicate category for Minority	Description of Work Subc., Sup., Svc.	Amount of Subcontract	Amount Paid this Month	Amount Paid to Date

Total	Construction	Service	Supply
Total Minority payments this month	\$	\$	\$
Total Female this month	\$	\$	\$
Total Non-Minority this month	\$	\$	\$

PREPARED BY: _____ (Type or Print)

SIGNATURE: _____ DATE: _____ REVIEWED BY: _____ (Type or Print)

PAGE _____ OF _____ SIGNATURE: _____ DATE: _____