

Maryland Department of Health and Mental Hygiene  
Minority Business Enterprise Participation  
Prime Contractor Unpaid MBE Invoice Report  
To Be Completed Monthly by Prime Contractor

Report Month/Yr \_\_\_\_\_  
**Report Due by 15th of following month.**

Contract # \_\_\_\_\_  
Contracting Unit \_\_\_\_\_  
Contract Amount \_\_\_\_\_  
MBE Subcontract Amount \_\_\_\_\_  
Contract Begin Date \_\_\_\_\_ End Date \_\_\_\_\_  
Services Provided \_\_\_\_\_

Prime Contractor Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Subcontractor Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Subcontractor Services Provided \_\_\_\_\_

List any unpaid invoices over 30 days old received from this vendor and reason for non-payment. Attach additional pages if necessary.

- 1.
- 2.
- 3.

Total Amount Unpaid \$ \_\_\_\_\_

**\*\* If more than one MBE subcontractor is used for this contract, please use separate report forms.**

Return one copy of this form to each of the following addresses:

\_\_\_\_\_, Contract Monitor  
\_\_\_\_\_, (Contracting Unit)  
Maryland Department of Health and Mental Hygiene

Ms. Beverly Spence  
Maryland DHMH  
Office of Community Relations  
201 West Preston Street 5th floor  
Baltimore, MD 21201

Signature \_\_\_\_\_ Date \_\_\_\_\_