

Maryland Department of Health and Mental Hygiene
Minority Business Enterprise Participation
Subcontractor Payment Report

To Be Completed Monthly by MBE Subcontractor

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 _____

MBE Subcontractor Name _____ MDOT Certification # _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Subcontractor Services Provided _____

Total payments received from Prime Contractor during above reporting period.
\$ _____

List outstanding invoices over 30 days old. Attach additional pages if necessary.

- 1.
- 2.
- 3.

Total Dollars Unpaid \$ _____

Prime Contractor Name _____ Contact Person _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Return one copy of this form to each of the following addresses:
_____, (Contracting Unit)
_____, Contract Monitor

Maryland Department of Health and Mental Hygiene

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

Subcontractor Signature _____ Date _____