

**CERTIFIED MINORITY BUSINESS ENTERPRISE
PARTICIPATION STANDARD MONTHLY
CONTRACTOR'S REQUISITION FOR PAYMENT**

LEA: _____ DATE: _____
 FACILITY NAME: _____ PSC#: _____
 SCOPE OF WORK: _____ REQ #: _____

NAME OF MBE SUB-CONTRACTOR	MDOT SUB- CONTRACTOR CERTIFICATION # & CLASSIFICATION	TOTAL MBE CONTRACT AMOUNT	AMOUNT TO BE PAID THIS REQUISITION	TOTAL PAID TO DATE	MBE HAS RECEIVED FINAL PAYMENT?	IF AMOUNT PAID IS LESS THAN TOTAL MBE CONTRACT AMOUNT, EXPLAIN VARIANCE
1	2	3	4	5	6	7
TOTAL						

MDOT Certification # can be located at www.mdot.state.md.us

MBE Classification #:

- African American=AA African American/Women-AAW Hispanic American=H Hispanic American/Women-HW
- Native American=N Native American/Women=NW Asian American=A Asian American/Women=AW

Women=W

I certify that the figures and information presented above represent accurate and true statements, that timely payments have been and will be made to suppliers and subcontractors on the project as requisitioned payments are received, and in accordance with our contracts.

_____ Name of Contractor Firm	_____ Authorized Contractor Signature/Date
_____ Contractor Federal Tax ID #	_____ Contractor MBE Classification # (if applicable)
_____ Name of LEA MBE Liaison (Printed)	_____ Signature of LEA MBE Liaison