PROJECT EXPENDITURE REPORT

DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION

(THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED BY THE CONTRACTOR WITH EACH REQUEST FOR PAYMENT.)

PROJECT: _____

DBE CONTRACTOR _____ MASSDOT PAYMENT VOUCHER NO._____

TOTAL DBE CONTRACT PARTICIPATION $_____ PERCENTAGE OF CONTRACT _____

CONTRACT ITEM NO	DESCRIPTION OF WORK PERFORMED BY DBE CONTRACTOR	ITEM QUANTITY	UNIT PRICE	ITEM AMOUNT

TOTAL AMOUNT REQUESTED BY DBE THIS INVOICE (ADD ITEM AMOUNTS) $_____

TOTAL AMOUNT PREVIOUSLY REQUESTED BY DBE $_____

TOTAL AMOUNT REQUESTED BY DBE TO DATE $_____

The undersigned certifies that the DBE Contractor has successfully completed the above referenced work associated with this project and further assures that said DBE Contractor will be paid in full for the amount indicated above for said services.

_____

Contractor Signature Date

Approved By:

_____

DBE Contractor Signature Date