



# FINAL M/WBE UTILIZATION REPORT

(To be submitted with the final invoice)

CONTRACT #:	CONTRACT AMOUNT:	DATE FORM SUBMITTED:
PROJECT NAME:		PROJECT COMPLETION DATE:
PRIME CONTRACTOR:		PERIOD ENDING:
CONTACT PERSON:		TELEPHONE #: ( )      FAX#: ( )

## SUBCONTRACTING INFORMATION

All payments made to M/WBE subcontractors must be reported on this form.

M/WBE Subcontractor	Description of Work	Original Amount <small>(Agreed to Price)</small>	Final Subcontract Amount <small>(Inc. Chg.Ord/Amend.)</small>	Total Amt Paid	Gender		Ethnic Category						
					M	F	B	H	A	NA	W		
		\$	\$	\$									
		\$	\$	\$									
		\$	\$	\$									
		\$	\$	\$									
	<b>TOTALS:</b>	\$	\$	\$									

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

<i>Signature</i>	<i>Title</i>	<i>Date</i>
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*Note: The information provided herein is subject to verification by the Small Business Development Division.*