



COUNTY BUSINESS ENTERPRISE (CBE) FINAL MONTHLY UTILIZATION REPORT

Report No. _____
CBE Commitment ____%

Contract #: _____ Contract Amount: _____ Amt. Paid to Prime: _____

Project Description: _____ Project Completion Date: _____ Period Ending Date: _____

Prime Contractor: _____ Contact Person: _____

Email: _____ Phone: _____ Fax: _____

SUBCONTRACTING INFORMATION

CBE Firm(s)	Address	Description of Work	Original Agreed Price	Revised Agreed Price	% of work Completed to Date	Amount Paid This Period	Amount Paid to Date
Total Amount Paid to CBE Firm(s) to Date:							

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

Signature: _____ Title: _____ Date: _____

This completed form must be submitted to the Project Manager.

Note: The information provided herein is subject to verification by the Office of Economic and Small Business Development.