

MBE SUBCONTRACTOR MONTHLY PAYMENT REPORT

MBE SUBCONTRACTOR _____ PHONE No. _____ FAX No. _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PROJECT NAME _____ PROJECT NO. _____

PRIME CONTRACTOR _____

CURRENT SUBCONTRACT AMOUNT (including change orders) \$ _____

TOTAL PAID BY PRIME CONTRACTOR TO DATE \$ _____

REPORT FOR MONTH /YEAR _____ FINAL REPORT YES NO

INVOICE DATE	INVOICE \$ AMOUNT	DATE PAID BY PRIME CONTRACTOR	\$ AMOUNT PAID BY PRIME CONTRACTOR	AMOUNT OF PAYMENT(S) OVER 30 DAYS LATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ DATE: _____

PRINTED NAME & TITLE _____

PHONE _____ EMAIL: _____

*Subcontractor Submit to: MBE Compliance Officer
 Carolyn Wright
 Maryland Stadium Authority
 333 West Camden Street, Suite 500
 Baltimore, Maryland 21201*