

PRIME CONTRACTOR MBE MONTHLY PAYMENT REPORT

PRIME CONTRACTOR: _____ PHONE No.: _____ FAX No.: _____ ::

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

PROJECT NAME: _____ MSA PROJECT NO.: _____

PRIME CONTRACT CURRENT AMOUNT (incl. contract mods.) \$ _____ TOTAL PAYMENTS RECEIVED PROJECT TO DATE \$ _____

REPORT FOR MONTH/YEAR: _____ FINAL REPORT YES NO

List MBE firms utilized in connection with the above project either as subcontractor and/or supplier:

NAME OF MBE FIRM	WORK/ SERVICE PERFORMED	ORIGINAL SUB-CONTRACT \$ AMOUNT	CURRENT SUB-CONTRACT \$AMOUNT (including change orders)	\$ PAID TO DATE	\$ AMOUNT OF INVOICE(S) OVER 30 DAYS LATE*	\$ BALANCE TO FINISH

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ DATE _____

PRINTED NAME & TITLE: _____ PHONE _____ EMAIL _____

***NOTE: Attach an explanation of the reasons any subcontractor payments are over 30 days late.**

Prime Contractor Submit to: Carolyn Wright, MBE Compliance Officer
 Maryland Stadium Authority
 333 West Camden Street, Suite 500
 Baltimore, Maryland 21201
 Facsimile (410)333-1888; Phone (410)333-1560