University of Maryland, College Park - MBE SUBCONTRACTOR MONTHLY PAYMENT REPORT (UMCP Form) (MBE Attachment 5)

NAME OF MBE SUBCONTRACTOR:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

CAMPUS/PROJECT NAME:_____ CONTRACT/PROJECT NO.:_____

PRIME CONTRACTOR:_____

NAME OF CONTRACTOR THAT PAYS MBE SUBCONTRACTOR_____

ORIGINAL CONTRACT DOLLAR AMOUNT:_____

CURRENT CONTRACT AMOUNT (Including Change Orders):_____ TOTAL CONTRACT AMOUNT PAID TO DATE:_____

FINAL REPORT: _____ NO _____ Yes COMPLETION DATE:_____

WORK/ SERVICE PERFORMED	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID BY CONTRACTOR	PAYMENT DATE	AMOUNT OF PAYMENTS OVER 30 DAYS LATE*

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

As an authorized representation for the firm below, I certify that the information above is true and correct.

SIGNATURE OF AUTHORIZED MBE FIRM REPRESENTATIVE:_____ DATE:_____

PRINT NAME & TITLE:_____ E-MAIL:_____

PHONE:_____ FAX:_____

Submit signed MBE SUBCONTRACTOR PAYMENT REPORT to: MBE Liaison, University of Maryland via Fax (301) 314-9565 or Email: mbe@umd.edu

Revised 8-30-2016