

Maryland Department of Public Safety & Correctional Services Minority Business Enterprise Monthly Cost Breakdown

DATE: _____

Solicitation No. _____

Project / Contract (Prime)
Total Amount \$ _____

Application No.: _____

Project / Contract Number _____

Prime Contractor _____

Period From: _____

Project / Contract Title _____

To: _____

MBE Subcontractor Name & Trade	Total MBE Subcontract Award	Amount Paid This Requisition	Percent Complete To Date	Total Dollars Paid To Date
TOTALS				

Approved: _____

Prime Contractor Date

DPSCS State Representative Date

(Print Name and Title)

MBE Office Date

SUBMIT THIS FORM WITH THE MONTHLY INVOICE STATEMENT