

Date:

| Subcontractor Details | | | | |
|---|--|-----------|--|------------------|
| Subcontractor Name, Address, and Contact Information | Description of Services and/or Supplies | | Subcontractor Status* (choose all that apply): | |
| | | | MBE | VBE |
| | | | WBE | BEPD |
| | | | DBE | NOT APPLICABLE |
| Total \$ Value of Work to be Subcontracted | | Invoice # | | Total Invoice \$ |
| Subcontractor Details | | | | |
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Note: If you have more subcontractors, please use additional pages

MBE = Minority Business Enterprise; WBE = Women Business Enterprise; DBE = Disadvantaged Business Enterprise; VBE = Veteran Business Enterprise; BEPD = Business Enterprise owned by People with Disabilities *Submit certificate with original contract

Form Updated 10/21/2024