

Date:

Loyola University Cl	hicago (LUC	) Project	Information
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**LUC Project Name** 

**LUC Project Number** 

LUC Project Manager Name

## **Contractor Information**

Contractor Name

Contact Person

Telephone Number

E-Mail Address

Contractor Status\* (choose all that apply)

MBE

**VBE** 

**WBE** 

BEPD

DBE

**NOT APPLICABLE** 

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

If work completed by contractor, provide scope of services and/or supplies below:

**Total Contract Bid Amount \$** 

**Total Estimated Amount Subcontracted \$** 

Invoice #

Total Invoice less Subcontractor Amount \$

Were any subcontractor's services or supplies used for this project?

YES

NO

See second page for subcontractor details



## Facilities Management Supplier Diversity Form

## 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** 

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** 

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 \$

Note: If you have more subcontractors, please use additional pages