THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT

APPENDIX E MBE DOCUMENTATION FOR CONTRACT PAYMENTS

Project Name:				
			eriod:	
The following is a list of above-mentioned perio		nade to minority bu	isiness contractors on t	nis project for the
above mentioned pent				
MBE FIRM NAME	* INDICATE TYPE OF MBE	AMOUNT PAID THIS MONTH	TOTAL PAYMENTS TO DATE	TOTAL AMOU
	1112 01 11132		100/112	
* Minority categories: I	 Black. African Ame	erican (B). Hispanic (H), Asian American (A)	American Indian
Female (F) Socially and			(,)	
Date:	Ann	roved/Certified By:		
Date	Name			
		_	 Title	
			HUC	

appropriately verified, services have been rendered, and payment is due as processed.

UNC MB Forms 2023