

**STATE OF MAINE DRINKING WATER PROGRAM
DWSRF DBE PROGRAM**

PROGRESS REPORT OF DBE SUBCONTRACTOR UTILIZATION FORM

TO INSURE PROMPT PAYMENT THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH ALL REIMBURSEMENT REQUESTS WHETHER THEY INCLUDE INVOICED AMOUNTS FROM A QUALIFYING WBE OR MBE PARTICIPANT OR NOT:

Municipality/District: _____ DWSRF #: _____

Name of Project: _____ Contractor: _____

Contractor's Payment Request No. _____ Period covered by the request _____

The accompanying Reimbursement Request includes the following WBE/MBE participation:

Name & Address of WBE/MBE firm to be paid	WBE	MBE	Source of Certification, i.e., DOT, EPA or SBA	Amount to be paid this request	Type of Work

This attachment must be signed by an authorized representative of the contractor.

Signature _____ Date _____

Name: _____ Title: _____

Address: _____

Phone: _____ E-Mail: _____