MBE/WBE – CERTIFICATE OF PARTICIPATION

O.P.S. NO.: _____ **INVOICE NO. (NOTE IF FINAL): _____** **BILLING PERIOD: _____**

NAME & ADDRESS OF MBE/WBE (SUB)CONSULTANT DEPT. OF COMMERCE No.	MBE	WBE	TYPE OF WORK TO BE PERFORMED	(PROJECTED) DATE OF COMMENCEMENT & COMPLETION	AMOUNT PAID TO MBE/WBE (SUB)CONSULTANT/SUPPLIER **Express in both Dollars and Percent**		
					ACTUAL AMOUNT PAID THIS PERIOD	TOTAL AMOUNT PAID TO DATE INCLUDING THIS PERIOD	EST. TOTAL AMOUNT TO BE PAID AT END OF CONTRACT

IN WITNESS WHEREOF the undersigned has hereunto set its

hand and seal this _____ day of _____ , of 20_____.

By: _____

WITNESS OR ATTEST: _____

_____
(Prime Consultant)

_____
(Prime Consultant's MBE/WBE Liaison Officer)

_____
(Telephone Number)