



**Local Agency Monthly Report of
Amounts Credited as DBE Participation**

Check appropriate reporting period and enter reporting year. Final Reporting Month _____ Reporting Year _____		Federal Aid Number _____	
Reporting Month _____ Reporting Year _____		Local Agency Project Number _____	
Contractor _____		Agency _____	
DBE Participant Name and Federal Employer I.D. Number	Contract Type	Date of Payment	*Dollar Credit Amount
Contract Type: P = Prime A = Agent V = Service Provider S = Subcontractor R = Regular Dealer J = Joint Venture M = Manufacturer			
I, the undersigned, do hereby certify that in connection with all work on the project for which this statement is submitted, each DBE participant contracted by me has been paid on the dates shown. *Further, I certify that the amounts shown under "Dollar Credit Amount" are in accordance with the " DBE Eligibility " portion of the DBE Special Provision.			
Signature _____		Title _____	

This form is due on the 20th of the month following the end of the previous Month.