OKLAHOMA DEPARTMENT OF TRANSPORTATION
PRIME CONTRACTOR
MONTHLY PAYMENT LOG TO
DISADVANTAGED BUSINESS ENTERPRISE FIRMS
(DBE FORM 2)

PROJECT NUMBER		RESIDENCY		DIVISION	
JOBPIECE NUMBER		CONTRACTOR			
COUNTY		MONTH/YEAR		REPORT NO	

NAME OF DBE FIRM (any DBE providing services or supplies on project)	DATE OF PAYMENT (To DBE)	AMOUNT PAID THIS MONTH (To DBE)	AMOUNT PAID TO DATE (To DBE)

The Contractor certifies that the above amounts have been paid to those listed DBE's and that documentation of these payments are available for inspection upon request.

Authorized Signature _____ Date _____

Type/Print Name _____

Title _____

Subscribed and sworn to before me this _____ day of _____, _____

_____,Notary Public.

My Commission Expires: _____

Must be received from Contractor & input by Residency prior to the end of the month following the month reported.

Computer Entry By _____ Date _____