OKLAHOMA DEPARTMENT OF TRANSPORTATION

PRIME CONTRACTOR

DISADVANTAGED BUSINESS ENTERPRISE

FINAL PAYMENT REPORT

(DBE FORM 3A)

(Office use only)
Date Received:
Approved by:

Site Mgr. #:		DBE Goal			
PROJECT NUMBER		RESIDENCY		DIVISION	
JOBPIECE NUMBER		CONTRACTOR			
COUNTY		CONTRACT AMOUNT			

	NAME OF DBE FIRM (any DBE providing services or supplies on project)	FINAL PAYMENT (Retainage Paid)		CONTRACT GOAL (Each DBE)		COMPLETED (Each DBE)	
		DATE	AMOUNT (in $$$)	AMOUNT (in $$$)	PERCENT	AMOUNT PAID (in $$$)	PERCENT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
		TOTALS					

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: _____