

This form is to be completed and submitted by the MPO/Project Sponsor.

Kansas Department of Transportation DBE Payment Information

For each UPWP/Consultant Activity, please include ALL Prime and Sub Consultant payment information.

MPO/Project Sponsor: _____

Information for the Quarter/Month: _____

UPWP/ Consultant Activity	Name of Prime Consultant or Sub Consultant	Amount of Consultant/Sub Consultant Contract	Status of Consultant Contract (active/closed)	Paid this Quarter/Month	Cumulative Consultant Payments	Certified DBE?
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>
		\$		\$	\$	<input type="checkbox"/>

Submitted

by: _____

Date: _____

Title /
position: _____

*As a reminder, a DBE may not sub-consult out their work and have the amount count towards the DBE Participation Goal.
Payment amounts must be adjusted accordingly.

**Please remember to submit Prompt Payment Forms.