Contractor Name					
Project Title					
Contract No State Project No			Federal Project No.		
Project Award Date		DBE Contract Goal (%)		
Name of <u>DBE</u> Subcontr		Type of Service or		Payments	
Manufacturers & Supp	oliers	Materials Provided	Previous	Current	To Date
•					
		·			
		I	<u> </u>		
A. Total Payments to DBE \$					
		, –	B. Invoice Amounts to Date		
		C. D	BE Participation	to Date (A/B)	#DIV/0!
Name of Non-DBE Subco	ntractors,	Type of Service or		Payments	
Manufacturers & Supp	oliers	Materials Provided	Previous	Current	To Date
	·····				
Good Faith Efforts					
(Required when the DBE Par	ticipation p	ercentage to date is les	s than the DBE co	ntract goal.):	
		•			
		•			
The undersigned hereby certifies the payment from the Department, in a					
subcontractors.					
This declaration is made under per Revised Statutes, regarding unswo					tion 710-1063, Hawaii
Name			Title		
Telephone No.			E-mail address		
Signature			Date		
DOT 110H 01111					
DOT USE ONLY: Final	Payment		tal Federal DBE \$ tal Federal \$ expe	•	
Project Manager			ito:		