		Div	erse Tier II Repo	rt		
Spend Date		Div	ет се ттег тт керо			
DATE:			Pay Application Re	porting Period		
PRIME CONTRACTOR:				CONTACT PERSON:		
ADDRESS:						
PHONE:			PROJECT NAME:			
PROJECT LOCATION	 : 					
CONTRACT NUMBER:				DATE SUBMITTED:		
PRIME CONTRACT PROJECT TOTALS	ORIGINAL CONTRACT AMOUNT	CHANGE ORDERS	TOTAL CONTRACT TO DATE	\$ AMOUNT PAID TO DATE	% OF CONTRACT PAID TO DATE	\$AMOUNT OF CURRENT MONTH
GENERAL COMMEN	TS:					
Signature:		Name:		Title:		

MBE Spend Contractor Name	Address	Contract Description	EIN	Certification Type	Certification Status	Certifying Agency	Original Sub Contract Amount	Change Orders To Date	Total Sub Contract to Date (H+I=J)	Contractor Amount Paid
TOTALS:										

WBE Spend										
Contractor Name	Address	Contract Description	EIN	Certification Type	Certification Status	Certifying Agency	Original Sub Contract Amount	Change Orders To Date	Total Sub Contract to Date (H+I=J)	Contractor Amount Paid
TOTALS:										