

Commonwealth of Pennsylvania  
 DEPARTMENT OF COMMUNITY & ECONOMIC DEV.  
 DCED-CCD-MWBE-02 (9-08)

(PLEASE PRINT)

**MINORITY AND WOMEN'S BUSINESS ENTERPRISE  
 SUBCONTRACTOR'S QUARTERLY UTILIZATION REPORT**

**(This form should be returned within 10 working days at the end of each quarter.)**

<b>SUBCONTRACTOR'S FIRM NAME</b>	<b>REPORTING PERIOD</b>
<b>ADDRESS</b>	<b>CONTRACT NUMBER</b>
<b>TELEPHONE</b>	
<b>CONTACT PERSON</b>	<b>DATE RECEIVED (Office use Only)</b>

List the prime contractors who have purchased your services and/or supplies in reference to this contract.

<b>COMPANY NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>DATE SERVICES/ SUPPLIES PROVIDED</b>	<b>DATE INVOICE SENT</b>	<b>AMOUNT INVOICED</b>	<b>DATE INVOICE PAID</b>	<b>AMOUNT PAID</b>

<b>PREPARED BY:</b>	<b>TITLE:</b>	<b>PHONE NO:</b>	<b>E-MAIL ADDRESS:</b>
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\* PLEASE AFFIX COPIES OF YOUR COMPANY'S INVOICES TO THE PRIME CONTRACTOR.