

**MINORITY & WOMEN'S BUSINESS ENTERPRISE
 PRIME CONTRACTOR'S QUARTERLY UTILIZATION REPORT**

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

PRIME CONTRACTOR'S FIRM NAME	REPORTING PERIOD
ADDRESS	CONTRACT NUMBER
TELEPHONE	
CONTACT PERSON	DATE RECEIVED (Office use Only)

List State certified minority and/or women-owned businesses whose services and/or supplies you have purchased in reference to this contract.

COMPANY NAME	ADDRESS	TELEPHONE NUMBER	MBE (X)	WBE (X)	TRANSACTION		DATE PAID	MBE/WBE ACTUAL DOLLARS*
					SUB CONTRACT (X)	SUPPLIES (X)		
Prepared By:	Title:	Phone No:			E-Mail Address:			

* PLEASE AFFIX COPIES OF MBE & WBE INVOICES TO YOUR COMPANY ALONG WITH COPIES OF YOUR COMPANY'S CANCELED CHECKS REFLECTING PAYMENT OF THE MBE AND WBE INVOICES.