

CONSTRUCTION
BUREAU OF MINORITY & WOMEN BUSINESS OPPORTUNITIES
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 ALL ACTIVITY TO DATE	
		QUARTER ENDING	
Address		Contract Number	
Telephone Number	EIN No.	Contract Amount	
Contact Person		Date Received (BMWBO Office Use Only)	

Subcontractor/s from which you have purchased services and/or supplies in reference to this contract.

SUBCONTRACTOR/SUPPLIER (Name, EIN No., Address)	TELEPHONE NUMBER	MBE	WBE	COMMITMENT AMOUNT	AMOUNT PAID CURRENT QUARTER	DATE PAID	TOTAL AMOUNT PAID TO DATE
EIN#							
EIN#							
EIN#							
EIN#							
GRAND TOTALS							
SIGNATURE OF PREPARER		NAME OF PREPARER (TYPE OR PRINT)			TITLE		

PLEASE AFFIX COPIES OF MBE/WBE INVOICES TO YOUR COMPANY ALONG WITH COPIES OF YOUR COMPANY'S CANCELLED CHECKS REFLECTING PAYMENT OF THE MBE/WBE INVOICES.