

**OKLAHOMA DEPARTMENT OF TRANSPORTATION  
NON-DBE PRIME CONTRACTOR  
MONTHLY PAYMENT LOG TO  
DISADVANTAGED BUSINESS ENTERPRISE FIRMS  
( DBE FORM 2A )**

<b>PROJECT NUMBER</b>		<b>RESIDENCY</b>		<b>DIVISION</b>	
<b>JOBPIECE NUMBER</b>		<b>CONTRACTOR</b>			
<b>COUNTY</b>		<b>MONTH/YEAR</b>		<b>REPORT NO</b>	

NAME OF DBE FIRM ( any DBE providing services or supplies on project )	DATE OF PAYMENT (To DBE)	AMOUNT PAID THIS MONTH (To DBE)	AMOUNT PAID TO DATE (To DBE)

<p><b>The Contractor certifies that the above amounts have been paid to those listed DBE's and that documentation of these payments are available for inspection upon request.</b></p>	<p>Authorized Signature _____ Date _____</p> <p>Type/Print Name _____</p> <p>Title _____</p>	<p>Subscribed and sworn to before me this _____ day of _____, _____, Notary Public.</p> <p>My Commission Expires: _____</p>
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<p><b>Must be received from Contractor &amp; input by Residency prior to the end of the month following the month reported.</b></p>	<p>Computer Entry By _____ Date _____</p>
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