

OKLAHOMA DEPARTMENT OF TRANSPORTATION

NON-DBE PRIME CONTRACTOR

DISADVANTAGED BUSINESS ENTERPRISE

FINAL PAYMENT REPORT

(DBE FORM 3A)

PROJECT NUMBER		RESIDENCY		DIVISION	
JOBPIECE NUMBER		CONTRACTOR			
COUNTY		CONTRACT AMOUNT			

R O W #	NAME OF DBE FIRM (any DBE providing services or supplies on project)	FINAL PAYMENT (Retainage Paid)		CONTRACT GOAL (Each DBE)		COMPLETED (Each DBE)	
		DATE	AMOUNT (in \$\$\$)	AMOUNT (in \$\$\$)	PERCENT	AMOUNT PAID (in \$\$\$)	PERCENT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
TOTALS							

<p>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.</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>
