



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

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

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)

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.	Authorized Signature _____ Date _____	Subscribed and sworn to before me this _____ day of _____, _____, _____, Notary Public. My Commission Expires: _____
	Type/Print Name _____	
	Title _____	

Must be received from Contractor & input by Residency prior to the end of the month following the month reported.	Computer Entry By _____ Date _____
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