



OKLAHOMA DEPARTMENT OF TRANSPORTATION
PRIME CONTRACTOR
DISADVANTAGED BUSINESS ENTERPRISE
FINAL PAYMENT REPORT
(DBE FORM 3A)

If the Prime is a DBE, please add ALL subs (DBE firms & non-DBE firms) below

(OFFICE USE ONLY)

Date Received: _____

C.C.O.: _____

A.D.M.: _____

Site Mgr. #:		DBE Goal		
PROJECT NUMBER		RESIDENCY		DIVISION
JOBPIECE NUMBER		CONTRACTOR		
COUNTY		CONTRACT AMOUNT		

	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							

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