

Franklin County Engineer

EBE Payment Tracking Form



Instructions

This form is designed to track payments made toward the Project EBE Goal. This form must be submitted with all pay estimates.

Project Name:

Consultant:

Project Goal (%)

Project Goal (\$)

Project Award Amount (\$)

Date:

Invoice#:

EBE Subconsultant Name	Type of Certified Business (DBE, WBE, MBE etc.)	Amount paid on this invoice	Total Amount Paid

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

MM / DD / YY