

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:

Contractor:

Project Goal (%)

Project Goal (\$)

Project Award Amount (\$)

Date:

Pay Estimate #:

| EBE Subcontractor Name | Type of Certified Business (DBE, WBE, MBE etc.) | Amount paid on this pay estimate | Total Amount Paid |
|------------------------|---|----------------------------------|-------------------|
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| | | | |
| | | | |

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

MM / DD / YY