

Franklin County Engineer

Cornell R. Robertson, P.E., P.S.

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

Signature _____

Signature of the Person Submitting this Form

Name _____

Name of the Person Submitting this Form (print)

Date of Signature _____ / _____ / _____

MM DD YY