Lakeland Area Mass Transit District, d.b.a. Citrus Connection



MONTHLY DBE UTILIZATION REPORT

TO BE SUBMITTED TO: Lakeland Area Mass Transit District Office of Purchasing and Contracts, 1212 George Jenkins Blvd., Lakeland, FL 33815.

(To be submitted with the final invoice)

CONTRACT #: CONTRACT AMOUNT:			DATE FORM S	DATE FORM SUBMITTED:								
PROJECT DESCRIPTION:			PROJECT COI	PROJECT COMPLETION DATE:								
PRIME CONTRACTOR:			PERIOD ENDING:									
CONTACT PERSON:			TELEPHONE #: ()				FAX# ()					
All payments made to DBE sub		BCONTRACTING ted on this form.	NG INFORMAT	ION	ı		I					
DBE Subcontractor	Description of Work	Original Amount (Agreed to Price)	Final Subcontract Amount (Inc. Chg. Ord/Amend.)	Total Amt Paid	Gender		Ethnic Category					
					М	F	В	Н	Α	NA	W	
	TOTALS:											
l attest that the information submitt	ed in this report is in fact true	and correct to the best	of my knowledge	•		•						
Signature							Date					