COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF COMMUNITY & ECONOMIC DEV.
MWBE-9-08 - (9-08)

(PLEASE PRINT)

MINORITY & WOMEN'S BUSINESS ENTERPRISE
PRIME CONTRACTOR'S QUARTERLY UTILIZATION REPORT

(This form should be returned within 10 working days at the end of each quarter.)

PRIME CONTRACTOR'S FIRM NAME	**REPORTING PERIOD**
ADDRESS	**CONTRACT NUMBER**
TELEPHONE	
CONTACT PERSON	**DATE RECEIVED (Office use Only)**

List State certified minority and/or women-owned businesses whose services and/or supplies you have purchased in reference to this contract.

COMPANY NAME	ADDRESS	TELPHONE NUMBER	MBE (X)	WBE (X)	TRANSACTION		DATE PAID	MBE/WBE ACTUAL DOLLARS*
					SUB CONTRACT (X)	SUPPLIES (X)		

Prepared By:	**Title:**	**Phone No:**	**E-Mail Address:**

*** PLEASE AFFIX COPIES OF MBE & WBE INVOICES TO YOUR COMPANY ALONG WITH COPIES OF YOUR COMPANY'S CANCELED CHECKS REFLECTING PAYMENT OF THE MBE AND WBE INVOICES.**