

**MINORITY & WOMEN'S BUSINESS ENTERPRISE  
SUBCONTRACTOR'S QUARTERLY UTILIZATION REPORT**  
(This form should be returned within 10 working days at the end of each quarter.)

<b>SUBCONTRACTOR'S FIRM NAME</b>	<b>REPORTING PERIOD</b>
<b>ADDRESS</b>	<b>CONTRACT NUMBER</b>
<b>TELEPHONE</b>	<b>DATE RECEIVED (Office use Only)</b>
<b>CONTACT PERSON</b>	

List the prime contractors who have purchased your services and/or supplies in reference to this contract.

<b>COMPANY NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>	<b>DATE SERVICES/SUPPLIES PROVIDED</b>	<b>DATE INVOICE SENT</b>	<b>AMOUNT INVOICED</b>	<b>DATE INVOICE PAID</b>	<b>AMOUNT PAID</b>
<b>Prepared By:</b>	<b>Title:</b>		<b>Phone No:</b>		<b>E-Mail Address:</b>		

\* PLEASE AFFIX COPIES OF YOUR COMPANY'S INVOICES TO THE PRIME CONTRACTOR.