

FORM CP-2A
LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DBE/SBE FINAL REPORT

STATE PROJECT NO.	DBE/SBE GOAL AMOUNT: \$	CONTRACTOR:
FEDERAL PROJECT NO.	CONTRACT AMOUNT: \$	
PARISH(ES)	LETTING DATE:	

DOTD CERTIFIED DBE/SBE SUBCONTRACTOR OR SUPPLIER	ITEMS PERFORMED AND PAID	TOTAL DOLLAR AMOUNT PAID TO SUB OR SUPPLIER (60%)

This is to certify that \$_____ has been paid to DBE/SBE Subcontractors listed above. **If the DBE Goal was not met, you MUST include a detailed explanation of the shortfall.**

Authorized Signature	
Typed or Printed Name	
Title	
Date	

Parish or County _____ State of _____

Subscribed and sworn to, before me, this _____ day of _____, A.D. 20_____

Notary Public _____

My commission expires: _____