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 or SBE Subcontractors/Suppliers listed above.

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: _____