**DBE FORM 1**

Louisiana Department of Transportation and Development

DBE Participation **Monthly** Report

|  |  |  |  |
| --- | --- | --- | --- |
| Contract No. | 44 | Invoice No. |  |
| State Project No. / Task Order No. | H. | Report period begin date |  |
| Prime Consultant |  | Report period end date |  |
|  |  | DBE Goal % |  |

|  |  |  |  |
| --- | --- | --- | --- |
| LA UCP Certified DBE  Prime and/or Sub-Consultant | Services performed this period | $ amount invoiced  this period | $ total  invoiced  to date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Totals: | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized  Prime Consultant  signature |  | | |
| Typed or printed name |  | Date |  |
| Title |  | Phone No. |  |

DOTD Project Manager has reviewed this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOTD Project Manager signature date

This report shall be submitted **monthly** to the DOTD Project Manager with the current month’s invoice. Questions should be directed to the DOTD Compliance Programs Section at (225) 379-1382.