



DBE/MBE/WBE Utilization Report

Return to: Department of Aviation
 Attn: Procurement/Contracts Administration Unit - 2nd Floor
 Aviation Administration Building
 P.O. Box 66142
 Chicago, Illinois 60666

Prime Contractor Name _____
 Prime Contractor Vendor/Supplier Number _____
 Contract/Purchase Order Number _____
 Report Thru Year/Quarter _____ Jan-Mar Apr-Jun Jul-Sep Oct-Dec

I hereby declare and affirm that the following Disadvantaged, Minority and Women Business Enterprises (DBEs/MBEs/WBEs) have been contracted with, and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on the above-referenced project; that there is due and to become due them, respectively the amounts set opposite their names for material or labor stated; and that this is a full, true and complete statement of all such DBEs/ MBEs/ WBEs and of the amounts paid, due and to become due to them:

Actual Amounts Paid by the Prime to Authorized Subcontractors

DBE / MBE / WBE Firm Name	Vendor/Supplier Number *	M/W/DBE	Ethnicity	Commitment Amount	Payment To Date
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

Total Amount Paid to Subcontractors To Date _____
(If no subcontractors were paid, please enter \$0)

Total Amount Paid to Prime Contractor To Date _____

Name of Affiant _____
(Print or Type)
 Signature _____
 Title _____
(Print or Type)
 Date _____
(Print or Type)

State of _____
 County (City) of _____

Seal

On _____ (date) this instrument was acknowledged before me
 by _____ (name(s) of person(s))
 as _____ (type of authority, e.g., officer, trustee, etc.)
 of _____ (name of party on behalf of whom instrument was executed).