



**Diversity Business Enterprise (DBE) / Diversity Business Partner (DBP)
Invoice Disbursement Form**

Project Name: _____ Project Number: _____
 Prime Contractor: _____ Contract/Agreement No.: _____ Prime's Tax ID: _____
 Period Ending: _____ Invoice/App. Number : _____ DBE/DBP Goal: _____ Contract Value: _____

Subcontractors (1st thru multi-tiers) & Tax ID	Certification(s)	Certification(s)	Certification(s)	Race/Gender	Original Contract Amount	Current Contract Amount	Amount Invoiced this Period	Amount Paid to Date	% Paid To Date	Contract Start Date (M/DD/YY)	Contract End Date (M/DD/YY)	Status of DBE/DBP Contract
					\$ -	\$ -	\$ -	\$ -	#DIV/0!	01/00/00	01/00/00	
									#DIV/0!			
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					\$ -	\$ -	\$ -	\$ -	#DIV/0!	01/00/00	01/00/00	
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Suppliers (1st thru multi-tiers) & Tax ID	Certification(s)	Certification(s)	Certification(s)	Race/Gender	60 % Original Contract Amount	60% Current Contract Amount	Amount Invoiced this Period	Amount Paid to Date	% Paid to Date	Contract Start Date (M/DD/YY)	Contract End Date (M/DD/YY)	Status of DBE/DBP Contract
									#DIV/0!			
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									#DIV/0!			
Totals					\$ -	\$ -	\$ -	\$ -	#DIV/0!			

Please use back side of form to describe substantive product or performance deficiencies

NOTE: List all DBP Subcontractors/Subconsultants on form. Indicate \$0 paid if payments have not yet been made. Click on cell to open drop down box and select appropriate certification(s), Race/Gender and Status of DBE/DBP contract selection. Please use the following Gender Codes: AA - African American/AS - Asian American/HA - Hispanic American/AI - American Indian/PI - Pacific Islander/WF - White Female. OPC - Other Protected Class. Select certification(s) by clicking on cell to open drop down box and select one or more types: DBE - Disadvantage Business Enterprise/MBE - Minority Business Enterprise/WBE - Woman Business Enterprise/EDGE - Encouraging Diversity Equity and Growth/LEDE - Local Economically Disadvantaged Enterprise/SBE - Small Business Enterprise.

Prime Contractor's Signature: _____ Date: _____

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