

SUBCONTRACTOR UTILIZATION REPORT

Contract Number _____	Contractor Project Mgr. _____	Reporting Period: From: _____ To _____
Project Name _____	Project Mgr. Email _____	Original Contract Amt: \$ _____
Prime Contractor _____	Project Mgr. Tel. # _____	Authorized Amount to Date \$ _____
Federal ID # _____	Fax # _____	Amendments this Period \$ _____
Prime Contractor State License # _____	Contract Start Date _____ Completion _____	Total Invoiced to Date \$ _____

Listing of LAWA - approved subcontractors (AS INDICATED ON THE APPROVED SUBCONTRACTOR PARTICIPATION FORM)

Name, Address, Phone and Contact of MBE/WBE/DBE Utilized	Group	Description of Work Performed	Amount Invoiced This Period	Amount Invoiced to Date
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE	Subcontractor starting date: _____ M/W/DBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE	Subcontractor starting date: _____ M/W/DBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE	Subcontractor starting date: _____ M/W/DBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE	Subcontractor starting date: _____ M/W/DBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N

