KANSAS DEPARTMENT OF TRANSPORTATION
MONTHLY DBE PAYMENT AFFIDAVIT

DBE SUBCONTRACTOR: _____

PRIME CONTRACTOR: _____

KDOT PROJECT NO: _____

MONTH: _____ YEAR: _____

BID ITEM NO. & NAME	QUANTITY	AMOUNT

Total Received This Month: $ _____

Date Payment Received: _____

Signature: _____

INSTRUCTIONS:

This form is to be completed each month by the DBE subcontractor. It must be received in KDOT Office of Civil Rights by the 15th of each month. It should reflect payments received from the 1st to 31st of the proceeding month. This form is REQUIRED by federal law.