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 Contract Compliance by the 5th of each month. It should reflect payments received from the 1st to 31st of the preceding month.

REV: 11/2014 DOT FORM NO. 1008