



Date:

**Subcontractor Details**

Subcontractor Name, Address,  
and Contact Information

Description of Services  
and/or Supplies

Subcontractor Status\* (choose all that apply):

MBE      VBE

WBE      BEPD

DBE      NOT APPLICABLE

Total \$ Value of Work to be Subcontracted

Invoice #

Total Invoice \$

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Note: If you have more subcontractors, please use additional pages