



Corpus Christi Regional Transportation Authority
602 N. Staples St. Corpus Christi, TX 78401

DBE PAYMENT REPORT FORM

1) Invoice Number:	2) Report Number:	
3) Reporting Period:	From:	To:

INSTRUCTIONS: All prime contractors and consultants are required to complete and submit this report to the DBE Liaison Officer with a copy of the invoice every 30th day of the month, until FINAL payment of the contract. Use additional sheets if reporting more than two subcontractors.

NOTE: Failure to comply with CCRTA's Disadvantaged Business Enterprise (DBEs) provisions may result in contract termination, or the suspension or debarment of the contractor from doing business with CCRTA in the future in accordance with the procedures set forth in CCRTA's Procurement Regulations. To complete this report, see detailed instructions on the proceeding page.

4) CCRTA Contract Number:		
5) Type of Contract:	Construction	Professional Service
	Supply/Commodity	Service
6) Contractor's Business Name:		
Address:		Phone No.:
7) Date of Contract Award:		
8) Estimated Date of Completion:		
9) Original Contract Amount:		
10) Current Amended Contract Amount (including Modifications):		
11) Total Amount Received to Date:		
12) Total Amount Owed:	Amount of This Invoice:	
13) Committed Disadvantaged Business Participation:		
14) Actual Disadvantaged Business Enterprise (DBE) Percentage (%) to Date:		
(Calculation of DBE%: Dollar Amount Paid to DBE divided by Dollar Amount Received by Contractor from CCRTA)		
15) SUBCONTRACTOR NAME:		
16) Is Subcontractor DBE Certified?	Yes, Certificate # _____ No	Yes, Certificate# _____ No
17) Description of Work:		
18) Amount & Date of Last Payment:		
19) Subcontract Value (in \$\$):		
20) Total Amount Paid-to-Date (in \$\$):		
21) Percentage (%) Paid to Date:		
22) Amount of This Invoice Allocated to Subcontractor:		

I hereby certify that _____ has made timely payments from proceeds of prior payments, and will make payments within five (5) days of receipt of funds from CCRTA for progress and/or final payment to our subcontractors and suppliers in accordance with contractual arrangements with them.

COMPANY OFFICIAL'S NAME & TITLE:	
COMPANY OFFICIAL'S SIGNATURE:	DATE SIGNED:
NAME & TITLE OF INDIVIDUAL COMPLETING REPORT:	

**INSTRUCTIONS FOR CONTRACTORS
“HOW TO FILL-OUT DBE PAYMENT REPORT FORM”**

The DBE Payment Report is to be filled out by the Contractor and submitted with a copy of the invoice every 30th day of the month. The instructions below correspond to each item on the reverse side of the report. Please follow the instructions.

Please submit by email the completed DBE Payment Report form to the DBELO at crtadbe@ccrta.org

1. **Invoice Number** – Fill in the invoice number accompanying this report.
2. **Report Number** – Fill in the number of the report you are sending in sequence. For example: if this is the second invoice you are submitting, you are sending in Report Number 2.
3. **Reporting Period** – This is to be filled in to state the period of time you are reporting. Example: From: October 1, 2020 To: October 31, 2020.
4. **CCRTA Contract Number** – Fill in the contract number assigned to your project by CCRTA; make sure that your invoice corresponds to the Contract No.
5. **Type of Contract** – Designate the type of contract that has been awarded your by the CCRTA.
6. **Contractor's Business Name, Address, and Phone Number** – Fill in your company's name, address, and phone number
7. **Date of Contract Award** – Fill in the date contract was executed by both you and CCRTA.
8. **Estimated Date of Completion** – Fill in the completion date of contract as written in contract.
9. **Original Contract Amount** – Fill in dollar amount of original contract agree upon by you and CCRTA.
10. **Current Amended Contract Amount** – Fill in the dollar amount of original contract plus/minus the dollar amount agreed upon at a later date as a result of contract modifications (change order). If applicable, include date of modification.
11. **Total Amount Received to Date** – Fill in the dollar amount you have received from CCRTA to date.
12. **Total Amount Owed** – Fill in the dollar amount of the contract minus amount paid to you by CCRTA.
13. **Committed Disadvantaged Business Participation** – Fill in the percentage of DBE participation you committed to obtain on the contract.
14. **Actual Disadvantaged % to Date** – Fill in the calculated dollar amount paid to the DBE divided by the dollar amount you received from CCRTA.
15. **Name of Subcontractor** – Name all DBE and non-DBE subcontractors used in this contract. Use additional sheets as necessary.
16. **Disadvantaged Business Enterprise (DBE)** – Select yes if subcontractor is certified DBE and indicate Certificate Number; if not DBE certified, select no.
17. **Description of Work** – State the work performed by the DBE and non-DBE subcontractor(s).
18. **Amount and Date of Last Payment** – State the amount and date of last payment made to each DBE and non-DBE subcontractor. Submit evidence of payment, i.e. cancelled check, check register, etc.
19. **Subcontractor Value (Dollars)** – State the committed dollar value to the DBE and non-DBE subcontractor for the duration of the contract.
20. **Percent of Earned Progress to Date** – State the percentage by dividing the dollar amount paid to the DBE and non-DBE subcontractors by the full amount committed to them.
21. **Amount Paid to Date (Dollars)** - Add all amount paid to each DBE and non-DBE subcontractor to date.
22. **Amount of This Invoice Allocated to Vendor/Subcontractor** – Fill in how much of this invoice will be paid to each DBE and non-DBE subcontractor.