

MBE/WBE, Blind/Sheltered Workshop, and SDVE Participation Report

This form may be downloaded from the Internet at: <http://www.oa.mo.gov/purch/vendorinfo/participate.pdf>.

Contractor's Name:
 Contractor's Address:
 Contractor's City/State/Zip:
 Contractor's Vendor Number:
 State of Missouri Contract Number:
 Description/Title of Service:

I certify that the payments to the participating organizations listed below have been made for the month indicated.

Name of Contractor's Authorized Representative: _____ Title: _____

Signature of Authorized Representative: _____ Date: _____

Fax **OR** Mail **OR** e-mail this report by the 15th of each month to: **(insert buyer name)**

Fax # (573) 526-9816
 Address: Div. of Purchasing & Materials Management
 P.O. Box 809, Room 630, Truman Building (301 W. High)
 Jefferson City, MO 65102
 e-mail: _____@oa.mo.gov

Name of MBE ↓	Amount Paid for _____ <i>(Name the Month)</i>
Name of WBE ↓	Amount Paid for _____ <i>(Name the Month)</i>
Name of ORGANIZATION FOR BLIND/SHELTERED WORKSHOP ↓	Amount Paid for _____ <i>(Name the Month)</i>
Name of SDVE ↓	Amount Paid for _____ <i>(Name the Month)</i>