MBE/WBE, ORGANIZATION FOR THE BLIND/SHELTERED WORKSHOP, AND SDVE PARTICIPATION REPORT

This form may be downloaded from the Internet at: https://oa.mo.gov/sites/default/files/participate.pdf.

Contractor's Name:				
Contractor's Address:				
Contractor's City/State/Zip:				
Contractor's Vendor Number:				
I certify that the payments to the participating organizations listed below have been made for the month indicated.				
Contractor's Authorized Representative:		Title:		
Signature of Authorized Representative:		Date:		
Authorized Representative's Contact Information:	Email Address:	Phone Number:		

Email, Fax, or Mail this report by the 15th of each month to:

E-Mail # ParticipationReports@oa.mo.gov

Fax # (573) 526-9815

Mailing Address: Division of Purchasing

P.O. Box 809

Jefferson City, MO 65102

Contract Number:	Contract Title:	
Name of MBE ↓		Amount Paid for (Name the Month)
Name of WBE ↓		Amount Paid for (Name the Month)
Name of ORGANIZATION FOR BLIND/SHELTERED WORKSHOP		Amount Paid for (Name the Month)
Name of SDVF ↓	E	Amount Paid for (Name the Month)