

TENNESSEE DEPARTMENT OF TRANSPORTATION
SMALL BUSINESS DEVELOPMENT PROGRAM

CERTIFICATION REGARDING MONEY PAID TO DISADVANTAGED BUSINESS ENTERPRISES

I, _____, certify that to the best of my knowledge, _____,
Name of Owner or Authorized Representative Name of DBE

has been paid in full, per the amount of the contract for actual work performed on:

Contract No. _____, County _____, as of _____

I further certify that I am duly authorized to make this certification on behalf of the named contractor.

DISADVANTAGED BUSINESS ENTERPRISE

AMOUNT

_____ Firm Name	_____	Original DBE Subcontract \$
_____	_____	Original DBE Subcontract Date
SIGNATURE: _____	_____	Paid to date
TITLE: _____	_____	Est. final pmt.
DATE: _____	_____	TOTAL

I, _____, certify that to the best of my knowledge, _____,
Name of DBE Owner or Authorized Representative Name of Contractor

has paid the named DBE, in full, per the amount of the contract for actual work performed on:

Contract No. _____, County _____, as of _____

I further certify that I am duly authorized to make this certification on behalf of the named contractor.

DISADVANTAGED BUSINESS ENTERPRISE

AMOUNT

_____ Firm Name	_____	Original DBE Subcontract \$
_____	_____	Original DBE Subcontract Date
SIGNATURE: _____	_____	Paid to date
TITLE: _____	_____	Est. final pmt.
DATE: _____	_____	TOTAL