

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