STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

DIVISION OF AVIATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

DBE Payment Shortfall

Contract No.: _____
County: _____
Letting Date: _____
Acceptance Date: _____
Final Estimate Paid Date: _____
Description: _____

Subcontractor	Committed Amount ($)	Reported Amount

Attach documentation of all payments made to the above subcontractors, including the date and amount of the payment. Provide an explanation below for any subcontractor that the total Payments do not equal or exceed the committed amount. This form should be signed by the company president or someone authorized to sign Supplemental Agreements.

_____ _____

President
(or authorized representative)

Date

(AV-514) (02/16)