## APPENDIX E

## MBE DOCUMENTATION FOR CONTRACT PAYMENTS

| Prime Contractor:                          | Hendrick Construction, Inc.                            |                       |   |                        |                           |
|--|--|-----------------------|---|------------------------|---------------------------|
| Address & Phone:                           | 5601 77 Center Dr.,                                    | Suite 250, Ch         | arlotte, NC 28217                       | 7, (704)877-0280       |                           |
| Project Name:                              |  |                       |   |                        |                           |
| Project Number:                            |  |                       |   |                        |                           |
| Pay Application #:                         | Period:  |                       |   |                        |                           |
| The following is a lis the above-mentioned |  | made to min           | ority business co                       | ontractors on thi      | s project for             |
| Firm Name                                  |  | *Minority<br>Category | Amount to be paid from this pay request | Total payments to date | Total Amount<br>Committed |
|  |  |                       |   |                        |                           |
|  |  |                       |   |                        |                           |
|  |  |                       |   |                        |                           |
|  |  |                       |   |                        |                           |
|  |  |                       |   |                        |                           |
|  | TOTAL  |                       |   |                        |                           |
| *Minority categorie                        | s: Black, African Ameri<br>Female ( <b>F</b> ) Sociall |                       | nic ( <b>H</b> ), Asian Ame             |                        | n Indian ( <b>I</b> ),    |
| Date:                                      |  | Approve               | d/Certified By:                         |                        |                           |
|  | ,  |                       | Name                                    | Name                   |                           |
|  |  |                       |   | Title                  |                           |
|  |  |                       |   | Signature              |                           |

\*\*THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT\*\*