

Jackson Municipal Airport Authority
Project/Contract Reporting Form

*This Information is Subject to Audit

Prime Contractor:			Project/Contract Description:				
Current Contract Amount:		Contract/Project Number:	Total DBE Goal:		Notice to Proceed Date: ___/___/___		
Invoice Period:		Invoice Number:	Amount of Invoice: \$			Amount Billed to Date: \$	
Subcontractor(s)	Subcontractor's Current Contract Amount	Services Performed	Is Sub a State of Mississippi Approved DBE?	Billing Amount This Invoice	Amount Billed to Date	Subcontractor's Percentage of Work Billed for this Period	Subcontractor's Percentage of Work Billed to Date

VERIFICATION		
I have reviewed the above information and it is correct or has been marked to indicate appropriate corrections.		
_____ Certified by: Print Name and Sign Name	_____ Title	_____ Date