

PROFESSIONAL SERVICES (PS) DBE Contract File CLOSEOUT REQUEST

CONTRACT File #:	PROJECT TY	PROJECT TYPE: Federal OR State	
Date:	DBE Committal Amount: \$		
SCDOT PS Contact:			
Consultant:			
Phone:	••••••••		
Prepared By:	——— Final DBE Am	Final DBE Amount Paid: \$	
Office #:	——— Final DBE Cor	Final DBE Committal Amount Paid: \$	
ECTION I:			
NO GOAL ALL COMMITMENTS MET		DBE Reporting Unit RECEIVED Received:	
Return To: Minority & Small Business Affairs (MSBA) DBE Reporting Unit via email at DBECloseouts@scdot.org Telephone: (803) 737-4774		Entry Date: Initials:	
ECTION II:			
	Quarterly Report(s), Tracki justification memo to MSBA	ing Spreadsheet and supporting A via email, to DBE Reporting at	
-		PS RECEIVED	
		Date: Initials:	

