

BUSINESS DEVELOPMENT DIVISION

DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM CONSULTANT SERVICES PROGRAM REIMBURSEMENT REQUEST INSTRUCTIONS

Within ten (10) days after completion of the CPA or accountant services, this reimbursement request must be received by the Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909. If you need assistance in completing this application, please contact us by phone (866) 323-1264.

This request must be accompanied by:

1. Current audited or prepared financial statements.
2. Completed Prequalification Application.
3. A separate line-item report of CPA/Accountant professional service rendered.
4. Paid invoice (indicating a \$0 balance) for CPA/Accountant service.

FIRM NAME (Print or Type)

ADDRESS

CITY

STATE

ZIP

FEDERAL I.D.NO.

DATE

This request is for:

1. CPA/Accountant Name, Address, City, State, Zip
2. CPA/Accountant Telephone
3. CPA/Accountant Federal ID No.

I certify that the information presented on and accompanying this form is factual and true.

DBE AUTHORIZED SIGNER (Signature)

BUSINESS TELEPHONE

DATE

MDOT USE ONLY

APPROVED AMOUNT \$ _____

REVIEWER (Signature)

DATE