

BUSINESS DEVELOPMENT DIVISION

Disadvantaged Business Enterprise (DBE) Program ASSOCIATION MEMBERSHIP REIMBURSEMENT REQUEST

Instructions: This reimbursement request must be accompanied by supporting receipts and related documentation within 45 days of enrollment. Mail completed form and documentation to: Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, Michigan 48909. If you need assistance, please contact us by phone at (866) 323-1264.

FIRM NAME <i>(Print or Type)</i>			
ADDRESS		CITY	STATE ZIP
TELEPHONE NO.		FAX NO.	
FEDERAL I.D. NO.			DATE
NAME OF ASSOCIATION			
ADDRESS		CITY	STATE ZIP
TELEPHONE NO.		FAX NO.	
EFFECTIVE DATES OF MEMBERSHIP	FROM	TO	TOTAL COST

Attach:

Verification of Association payment: (Canceled checks, front & back, charge payment or Association Statement showing zero balance).

Evidence of Association membership

Failure to remain a member of good standing (by either voluntary termination or failing to comply with association rules) may result in your firm being liable for any reimbursed membership fees.

By signing this form, I am stating that all information contained in this form is factual and true.

AUTHORIZED NAME <i>(Please print)</i>	DATE
AUTHORIZED SIGNATURE	DATE
MDOT USE ONLY	
APPROVED AMOUNT	
REVIEWED BY	DATE