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 (Print or Type)						
ADDRESS		CITY		S	STATE	ZIP
TELEPHONE NO.		FAX NO.				
FEDERAL I.D. NO.				C	DATE	
NAME OF ASSOCIATION						
ADDRESS		CITY		S	STATE ZIP	
TELEPHONE NO.		FAX NO.				
EFFECTIVE DATES OF MEMBERSHIP	FROM		ТО			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 failinig to comply with association rules) may resut in your firm being liable for any reimbursed membersip fees.

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

AUTHORIZED NAME (Please print)	DATE				
AUTHORIZED SIGNATURE	DATE				
MDOT USE ONLY					
APPROVED AMOUNT					

REVIEWED BY DATE