

WBE - MONTHLY UTILIZATION REPORT

Harrisburg Housing Authority

351 Chestnut Street

Harrisburg PA 17101-2785

(Please type or print all information clearly)

Name and Address of Prime Contractor: _____

Name and Address of Sub-Contractor: _____

Employer Identification Number: _____ This Report is for the Month and Year of: _____

Name and Telephone # of Person Submitting Report: _____

Type of Profession, Company or Firm: _____

Signature of Company Official and Title: X Date Signed: _____

Job Title Trade Or Classification	Total Female	Total Male	Total Number Employed	Female (%)
Grand Total				%

*This report is to be submitted on a monthly basis during the term of your contract with the Harrisburg Housing Authority. It is to be included with your invoicing. If you have subcontractors, please have them also complete & submit this form to this office. Failure to comply with this requirement may result in delays with processing your remittance. Should you need any assistance, please call Gary Deavers (717) 232-6781 ext 8002; fax (717) 963.2600; or e-mail: gdeavers@harrisburghousing.org