

PAYMENT VERIFICATION FORM

VERIFICATION OF PAYMENT

			DATE
PROJECT	CONTRACT NO.	SUPL NO.	DBE STATUS: <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTRACTOR	SUBCONTRACTOR	ADDRESS:	

INVOICE THROUGH:							FOR INTERNAL USE	
INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	WITHHELD	PAYMENT AMOUNT	PAYMENT DATE	WIRE / CHECK #	DATE INVOICE APPROVED	FOLLOW UP REQ. (Y/N)

CUMULATIVE AMOUNT INVOICED		0.00
CUMULATIVE AMOUNT PAID		0.00
RETENTION TOTAL		0.00

COMMENTS:

LIST OF SUBTIERS:

Pursuant to Authority vested in me, I certify that this payment verification is correct and proper. Execution of this form by the subcontractor certifies that the amounts listed are correct as stated, and that the payment has been received for services rendered at the agreed rate.

Signed _____

Date _____