

## PROJECT WISE PAYMENT FORM

**INSTRUCTIONS:** Complete the white areas completely. MDOT will complete the gray areas.

Please save this document using the standard naming format: Transit Agency Name\_Master Agreement Number\_Authorization\_Billing Number (i.e. B1).pdf.

AGENCY NAME	AUTHORIZATION/CONTRACT NUMBER	IS PAYMENT PARTIAL OR FINAL?  PARTIAL FINAL
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**By approving and submitting this payment, transit agency representative certifies that:**

- All State and Federal procurement guidelines, policies, and procedures have been followed.
- When applicable, Davis-Bacon certified payroll records have been reviewed.
- 3rd Party is needed and is in place.

TRANSIT AGENCY APPROVAL (STAMP)

DATE COMPLETE PAYMENT PACKET RECEIVED - MDOT ONLY	PAYMENT NUMBER - MDOT ONLY	GRANTS GIVEN (GG) NUMBER - MDOT ONLY
NOTES FROM PROJECT MANAGER - MDOT ONLY  Check done for current GG.		DOES THIS PAYMENT HAVE LOCAL MATCH  YES NO

**TRANSIT AGENCY RECORD OF:**

LINE NUMBER	LINE DESCRIPTION	JOB NUMBER	VEHICLE(S) BEING REPLACED (IF APPLICABLE)	SERVICE DATE FROM - TO	TOTAL REIMBURSEABLE COSTS (INCLUDING LOCAL)	BALANCE REMAINING ON LINE

**TOTAL REIMBURSEABLE COSTS FOR THIS REQUEST:**

PROJECT MANAGER APPROVAL	SUPERVISOR/MANAGER APPROVAL	PAYMENT COORDINATOR APPROVAL
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