Michigan Department of Transportation
3194 (05/21)

PROJECT WISE PAYMENT FORM

Clear 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 ☐

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**	GG NUMBER - **MDOT ONLY**

NOTES FROM PROJECT MANAGER - **MDOT ONLY** ☐ Check done for current GG.	DOES THIS PAYMENT HAVE LOCAL MATCH YES ☐ NO ☐

TA RECORD OF:

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

TOTAL REIMBURSEABLE COSTS FOR THIS REQUEST: $0.00

PROJECT MANAGER APPROVAL	SUPERVISOR / MANAGER APPROVAL	PAYMENT COORDINATOR APPROVAL