

# 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
<b>By approving and submitting this payment, transit agency representative certifies that:</b> 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 TO - FROM	TOTAL REIMBURSEABLE COSTS (INCLUDING LOCAL)	BALANCE REMAINING ON LINE

TOTAL REIMBURSEABLE COSTS FOR THIS REQUEST:

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PROJECT MANAGER APPROVAL	SUPERVISOR/MANAGER APPROVAL	PAYMENT COORDINATOR APPROVAL
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