



Date: _____

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
Payment Application Supporting Document (Rev 9/15/10)

- **ATTACH 2 COPIES OF THIS FORM TO EACH PAY APPLICATION/INVOICE.**
- **FAILURE TO PROVIDE THIS FORM WILL CAUSE THE PAYMENT APPLICATION TO BE REJECTED AS INCOMPLETE.**

Payment Application #: _____ Total amount of this Application: \$_____

Contractor/Consultant Name: _____

PO #: _____ Project Title: _____ Project #: _____

- List **all** project participants (Prime, subcontractors/sub-consultants/suppliers) that are to be paid from this Application; the total amount(s) listed must equal the total amount of this Application.
- Use additional sheet(s) if necessary.

Prime/Subcontractor/ Sub-consultant/Supplier Name	Amount to be paid this application	Cumulative amount paid	Balance to be paid

Contractor/Consultant Certification

The above information is true and complete to the best of my knowledge and belief. I understand that within 10 days from receipt of payment from the Dallas County Community College District for this payment application, the listed subcontractors/sub-consultants/suppliers are to be paid for the amount indicated above. The District reserves the right to confirm payment with the subcontractors/sub-consultants/suppliers as deemed necessary.

Print Name

Telephone/E-mail Address

Signature

Title

Distribution: Original – Business Diversity Department; Copy - Pay Application/Invoice
Questions: Business Diversity Department at 972.860.7903 or BusinessDiversity@dcccd.edu