

CONSULTANT'S REQUEST FOR PAYMENT ATTACHMENT

Consultant:		☐ DBE JTA Encumbrance No.:		□ NON-DBE Contract Date:	
Project:					
Name of Business Performing Work (Subconsultant)	Certification Status (DBE or NON-DBE)	Description of Commodity, Material, or Service	Contact Name/Telephone	Amount Invoiced this Period	Amount Invoiced To Date
					\$
					\$
					\$
					\$
					\$
					\$
Dollar Amount of Work Completed by Non-DBE Subconsultants					\$
Dollar Amount of Work Completed by DBE Subconsultants					\$
Dollar Amount of Work Completed by the Prime					\$
Total Dollar Amount Requested for Payment					\$
Il DBE Subconsultants/suppliers must be certified as such policable subcontractors/contractors participating on the Cemed necessary.	Contract. The JTA DBE (Office reserves the right to ensure compliance with the J CONSULTANT'S CERTIFICATION	ΓA's DBE program to include status r	eports and audit of subr	
ame and Title		-		•	
(Please	print or type)				
		Date:			

subconsultants are promptly paid for the work they have performed. . Contact JTA's Diversity & Equity Program Office with any questions about the Prompt Payment provision.

Revised: April. 3, 2014