



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.

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

**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**