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.

<table>
<thead>
<tr>
<th>Prime/Subcontractor/ Sub-consultor/Supplier Name</th>
<th>Amount to be paid this application</th>
<th>Cumulative amount paid</th>
<th>Balance to be paid</th>
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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