

SUBCONTRACTOR PAYMENT VERIFICATION FORM

Purpose

Indianapolis Public Transportation Corporation monitors and verifies all subcontracted work to ensure that all subcontractors are paid promptly. Each subcontractor must verify the actual payment amount received on each active contract during the reporting period.

Instructions

Please type the requested information into the fields below and return this form to <u>supplierdiversity@indygo.net</u> by the 10th of each month. Include all payments received by the subcontractor on each active project the firm has committed to work. Attach additional sheets if necessary.

Record "no payment" in the amount paid field if the subcontractor did not receive payment for an invoice submitted during the reporting period. If the subcontractor has not completed work on a project and/or does not have any payments to report, record "NONE" in the subcontractor invoice number field and provide the estimated project start date in the comments field.

Please contact the IndyGo Supplier Diversity Department at supplierdiversity@indygo.net with any questions.

SUBCONTRACTOR:		SUBCONTRACTOR REPRESENTATIVE:			TITLE:		REPORTING PERIOD MM/YY:
Project Number	Prime Contractor	Subcontractor Invoice Number	Invoice Amount	Payment Date MM/DD/YY		Work Description & NAICS Code	Comments

REV. 9/1/2022

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REPORTING

TITLE:

							PERIOD MM/YY:
Project Number	Prime Contractor	Subcontractor Invoice Number	Invoice Amount	Payment Date MM/DD/YY	Amount Paid	Work Description & NAICS Code	Comments
	ne above payment veri name below and sub						nave been received.
Date	Subcontractor Rep	presentative Signatu	ıre	Email Addr	ess	Phone	Number

SUBCONTRACTOR REPRESENTATIVE:

SUBCONTRACTOR:

REV. 9/1/2022