

\*Request Date \_\_\_\_\_

**Contract**

Contract Registration Number \_\_\_\_\_

Project ID Number \_\_\_\_\_

Project Title/ Description \_\_\_\_\_

Project Start Date \_\_\_\_\_

Project End Date \_\_\_\_\_

**Prime Vendor**

Prime Vendor Name \_\_\_\_\_

M/WBE  Yes  No

Prime Contract Amount (if known) \_\_\_\_\_

**Subcontractor**

Subcontractor Name (if applicable) \_\_\_\_\_

M/WBE  Yes  No

Subcontract Amount (if known) \_\_\_\_\_

**Issuing Vendor's Contact**

\*Issuing Vendor's Contact Phone Number \_\_\_\_\_

\*Issuing Vendor's Email \_\_\_\_\_

Issuing Vendor's EIN (optional) \_\_\_\_\_

**Payment information**

Amount Owed (to you by the prime/agency) \_\_\_\_\_

Date of Payment Requisition Submission \_\_\_\_\_

Full/Partial Payment?  Yes  No

Payment Requisition Submitted  Yes  No

**\* Required Fields**

Please provide a brief description of the issue:  
(Include names of individuals that are involved in the payment resolution process)