



**Minnesota Department of Transportation  
Office of Civil Rights**

**Contractor Payment Form**

State Project Number: \_\_\_\_\_ Prime \_\_\_\_\_ Subcontractor \_\_\_\_\_

Payment Reporting Period: (From: \_\_\_\_\_ To: \_\_\_\_\_)

**Instructions:** All Contractors making payments to subcontractors, regardless of their tier or TGB/VET business status, are required to complete and submit this form to MnDOT's Office of Civil Rights (OCR) until final payment is made. Include payments to subcontractors, service providers, sub-consultants & independent contractors. Failure to comply with this form and Minnesota's prompt payment law may cause progress payments to the prime contractor to be withheld. Submit one copy of this form to the OCR Office and one to the project engineer, no later than ten (10) days after receiving payment from MnDOT.

Contractor's Name, Address, Telephone Number		Original Contract Amount	Committed %		Actual to Date	
			TGB	VET	TGB	VET
<b>Name of Subcontractor/Supplier</b>		<b>TGB/Vet (indicate)</b>	<b>Description of Work</b>			<b>Subcontract Amount</b>
1.			1.			1.
2.			2.			2.
3.			3.			3.
<b>Amount of Current Payment</b>		<b>% Paid to date</b>		<b>Final Payment? Yes / No</b>		
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
<b>Company Official's Signature &amp; Title</b>		<b>Date Signed</b>		<b>Name &amp; Title of Individual Completing Report</b> (Type or Print Clearly)		

(This form may be submitted in an alternate format)

I certify that the information above is true, accurate, and complete.

\_\_\_\_\_  
Responder or Authorized Representative

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