

**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/Veteran-owned 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	Veteran	TGB	Veteran
Name of Subcontractor/Supplier	TGB/Vet (indicate)	Description of Work			Subcontract Amount	
1.		1.			1.	
2.		2.			2.	
3.		3.			3.	
Amount of Current Payment		% Paid to date	Final Payment? Yes / No			
1.		1.	1.			
2.		2.	2.			
3.		3.	3.			
Company Official's Signature & Title		Date Signed	Name & Title of Individual Completing Report (Type or Print Clearly)			

(This form may be submitted in an alternate format)

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

Bidder or Authorized Representative

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