

# UDOT Payment Request Authorization

Contract #: \_\_\_\_\_ Pay Request #: \_\_\_\_\_ Consultant: \_\_\_\_\_

PIN #: \_\_\_\_\_ WTO# \_\_\_\_\_  
(if applicable)

Please pay \$ \_\_\_\_\_ from the invoice for this contract.

*Put any comments or notes that may be applicable here.  
(i.e. if the "please pay" \$ amount is different than the consultant requested invoice amount, note why).*

**Contract Owner:** \_\_\_\_\_ **Date** \_\_\_\_\_

I have reviewed the associated Invoice / Payment Request Form, believe the Invoice reflects work performed and have received deliverables appropriate at this point in the contract. I authorize payment in the amount listed above. *(Signature must be a UDOT employee).*

**Unit Price Reviewer (if applicable):** \_\_\_\_\_ **Date** \_\_\_\_\_

I have spot checked the invoice to verify that the Staff, Other Direct Cost (ODC) items and invoiced unit rates match (or are less than) those in the Contract.

**Attach Consultant UDOT Payment Request Form, Invoice, and backup documentation.**

**Date Submitted to Comptroller's:** \_\_\_\_\_

**Consultant (If "Please pay" \$ amount is different than Consultant invoiced amount.):** \_\_\_\_\_

I concur with the adjusted pay amount for this invoice.