

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION**

DBE/MBE/WBE/HUB VENDOR PAYMENTS

PROJECT SPONSOR: _____
MAILING ADDRESS: _____

PROJECT _____

INVOICE WBS ELEMENT _____

PERIOD COVERED
FROM:
TO:

PO NUMBER _____
VENDOR NUMBER _____

Payor Name	Payor Report ID	Vendor/Subcontractor Name	Vendor/ Subcontractor Report ID	Amout Paid to Vendor/ Subcontractor this Invoice	Date Paid to Vendor/ Subcontractor this Invoice
			TOTAL	0.00	
SUBMITTED BY:	SUBRECIPIENT:		BY:	TITLE:	