STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

DIVISION OF AVIATION
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

AV-509/AV-510 DBE/MBE/WBE/HUB VENDOR COMMITMENTS/AWARDS/PAYMENTS

AIRPORT NAME: _____ **CONTRACTOR PAY REQUEST #:** _____

WBS #: _____ **FINAL** ☐

Instructions: Select the Final button if this is the last payment for this project. If any percentages are not 100%, then also submit an AV-514.
The % column includes total payment, including the current payment to meet the goal.

Payor Name	SAP Payor Report ID	Vendor / Sub Name	SAP Vendor / Sub Report ID	Awards and Billings				Date Paid to Vendor / Sub this Invoice	%
				Committed Award ($) AV-509	Total Prior Payments ($) (AV-510)	Current Payment ($)	Total ($)		
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
							$ 0.00		0%
			TOTALS	$ 0.00	$ 0.00	$ 0.00	$ 0.00		0%

PAYOR NAME:

PAYOR SIGNATURE:

DATE SIGNED:

SPONSOR NAME:

SPONSOR SIGNATURE:

DATE SIGNED:

Notes:

(AV-509/AV-510) (10/18) Form must be complete in order to be processed. Incomplete forms will be returned which will delay reimbursement request.
For SAP Payor Report ID and SAP Vendor/Sub Report ID, please go to https://www.ebs.nc.gov/VendorDirectory/default.html to verify IDs.