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% |

**PAYOR NAME:**

**PAYOR SIGNATURE:**

**DATE SIGNED:**

**SPONSOR NAME:**

**SPONSOR SIGNATURE:**

**DATE SIGNED:**

Notes:

(AV-509/AV-510) (10/19) 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.**