DIVISION OF AVIATION

AV-509 DBE/MBE/WBE VENDOR COMMITTED AWARDS AND 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	Committed Award ($)	Total Prior Payments ($)	Current Payment ($)	Total ($)	Date Paid to Vendor / Sub this Invoice	%

PAYOR NAME: **PAYOR SIGNATURE:** **DATE:**

SPONSOR NAME: **SPONSOR SIGNATURE:** **DATE:**

Notes:

(AV-509) (09/26) 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.