NHDOT Monthly Prompt Pay Certification

Contractor_____Project Name_____Project #_____Reporting Month _____

ALL FIELDS MUST BE COMPLETED

NHDOT Estimate Number	Date of NHDOT Estimate	Date Contractor Received Payment	Subcontractor or Material Supplier Name	Total $ Amt. Paid To Sub or Material Supplier For This Estimate/Invoice	Date Sub or Material Supplier Was Paid	Comments

CERTIFICATION: This is to certify that the above information is correct and complete. Payments made to subcontractors represent the **full amount** owed to the subcontractor (and/or material supplier) for work performed under each estimate, by agreement or invoice, and that no amounts have been withheld by this company. **This form must be completed and submitted to oaoc@dot.nh.gov for every active project by the 10th calendar day of each month for the preceding month's payments only.**

_____ _____ _____

Signature and Title Printed Name Date