ITD 2921 (Rev. 4-09)

Certification of Payment Amounts

Idaho Transportation Department

Fill out for final estimate/invoice and return within thirty (30) calendar days of receipt of ITD payment. Ref; ITD Std. Spec. 109.05. Use additional pages if needed. Data will reflect information listed in subcontracts and/or purchase orders and actual amounts paid.

Key Number	Project Number	Project Name
Contract/Agreement Number		Work Reflected in ITD Estimate/Invoice Number

Subcontractor/Subconsultant Manufacturer and/or Supplier	Total Amount Paid for Contract/Agreement and/or Purchase Order

I, _____ , _____
Name (Printed or Typed) Title

of _____
Contractor/Consultant

do hereby certify that payment has been made to the subcontractors/subconsultants, manufacturers and/or suppliers for the amounts listed above. As required, payment was made in accordance with Subsection 109.05.

Contractor/Consultant's Signature	Date

ITD Distribution: Project File Headquarters EEO