

**PREVAILING WAGE CONTRACTOR/VENDOR PAY REQUEST
NOTIFICATION FORM**

DATE SENT FROM AGENCY: _____ TOTAL # OF PAGES: _____

TO: MOLLIE HORNE
PROMPT PAYMENT LIAISON EMAIL: audpwpayrequest@denvergov.org
PREVAILING WAGE DIVISION PHONE: 720-913-5075

FROM: _____ PHONE: _____ EMAIL: _____

**All information below that applies must be completed for a responsive submittal.
Attach invoice, Contractor Certification of payments, and Schedule of Values.**

PROJECT NAME / DESCRIPTION: _____

CONTRACT # / BID PROPOSAL #: _____

BUSINESS UNIT / PURCHASE ORDER : _____

CONTRACTOR / VENDOR INFO: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ FAX: _____

PAYMENT REQUEST OR INVOICE #(S): _____
(maximum five (5) per request)

PAYMENT REQUEST AMOUNT: _____ (TOTAL)

PAYMENT APPLICATION # _____ FINAL? YES

****WILLFUL FALSIFICATION OF THIS DOCUMENT IS GROUNDS FOR CRIMINAL PROSECUTION****

PREVAILING WAGE OFFICIALS:

APPROVED: _____ INVESTIGATOR: _____

DISAPPROVED: _____ INVESTIGATOR: _____

REASON FOR DISAPPROVAL: _____

ATTN: D.R.M.C. Section 20-76 mandates that any prevailing wage deficiencies must be resolved before payment is made.