# NHDOT Monthly Prompt Pay Certification

**Contractor** _____ **Project Name** _____ **Project #** _____ **Reporting Month** Select one:

**ALL FIELDS MUST BE COMPLETED**

| NHDOT Estimate Number | Date of NHDOT Estimate | Date Contractor Received Payment | Subcontractor 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 LaborCompliance@dot.nh.gov for every active project by the 10th calendar day of each month.**

_____ _____ _____

Signature and Title | Printed Name | Date