

# PREVAILING WAGE CONTRACTOR/VENDOR PAY REQUEST NOTIFICATION FORM

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TO: CAROL CARTER  
PROMPT PAYMENT LIAISON EMAIL: [audpwpayrequest@denvergov.org](mailto:audpwpayrequest@denvergov.org)  
PREVAILING WAGE DIVISION PHONE: 720-913-5018

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.