



PAYMENT REQUEST FORM

ARPA PROJECTS

Date _____

ARPA Prj No. _____

Receipt Information

Company: _____
Contact Person: _____
Mailing Address: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alt. Phone Number: _____
Email Address: _____

Project Information

Project Name: _____
Payment Request No. _____ Amount Requesting: _____
Total Amount Spent on Project To-Date: _____ Percent Work Completed: _____
Description of Work Completed For This Payment Request:

Submit Your Application

Submit completed applications by one of the following Methods

Email: Travis.Schmit@co.ward.nd.us

Mail: Ward County Hwy Dept, PO Box 5005, Minot, ND 58702-5005

Please include all supporting materials including: procurement requirements, copies of bids, copies of invoice, copies of cancelled checks, etc.