



CONSULTANT'S PAYMENT REQUEST TRANSMITTAL



Contract D # _____

Estimate/Invoice # _____

If a C/I Agreement TA # _____

Work Period (this estimate only) _____ to _____

Consultant Firm Name		Date	
Street Address	City	State	Zip Code
Contact Name			
Contact Phone No. () -	Contact Fax No. () -	Contact Email Address	
Send Consultant's Payment Request Transmittal To: For standard deliveries: New York State Thruway Authority Office of Contracts Management P.O. Box 189 Albany, New York 12201-0189			
For overnight deliveries: New York State Thruway Authority Office of Contracts Management 200 Southern Boulevard Albany, New York 12209-2098			

We have included the following required materials:

- Statement of Account (TA-W5214-9) (2 original copies)
- Consultant's Monthly Estimate For Payment (TA-W5213-9)
- Consultant's Payroll Abstract (TA-W44127-9)
- Consultant's Cost Control Report (TA-W4453-9)
- Progress Report
- Backup documentation (Timesheets, receipts, etc.)

NOTE: Must include a separate Consultant's Payment Request Transmittal for each sub-consultant.

Comments/additional materials included:

_____ Signature	_____ Date
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