

**ALABAMA DEPARTMENT OF TRANSPORTATION
PARTIAL PAYMENT OF STORED MATERIALS**

Project No.: _____ Region: _____ Area: _____
Contractor: _____ County: _____

INSPECTION OF STORAGE AREA AND STORED MATERIALS		
Location of Storage Area		
Description of Stored Materials		
Is Storage Area proper for the type of materials being stored? Remarks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are materials properly stored and separated for this project? Remarks:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Invoice or Order Numbers covering these materials.		
List any materials shown on invoice or order numbers but not on hand.		
List any data which you might have, to document that these materials conform to requirements of the plans and specifications (Primarily applies to materials inspected by State Inspector during fabrication).		
Inspected By:		
_____	_____	_____
Printed	Signed	Date

DOCUMENTATION (TO BE COMPLETED BY PROJECT PERSONNEL)			
Date of Contractor's Written Request		75% of Contract Item Total Bid Price	1. \$
Contract Item of Stored Materials		Stored Material Invoiced Amount	2. \$
Test reports on-hand to cover all materials?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, list other documentation:			
Do the materials conform to the requirements of the plans and specifications?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment Amount (to be lesser of 1 or 2 and must total \$2,500 or more)			\$

PAYMENT APPROVAL	
<input type="checkbox"/>	I <u>do not</u> approve partial payment for the stored materials covered by this document after reviewing the above information.
<input type="checkbox"/>	I approve partial payment for the stored materials covered by this document after reviewing the above information.
Payment to be included on Estimate No: _____	
_____	_____
Project Manager	Date

CERTIFICATION (TO BE COMPLETED BY PROJECT PERSONNEL)
<input type="checkbox"/> An invoice was received on _____ with the proper certification statement as per Article 109.07. CONTINUATION of partial payment approval is supported.
<input type="checkbox"/> An invoice <u>was not</u> received OR <u>did not</u> have the proper certification statement as per Article 109.07. WITHDRAWAL of partial payment is to be on Estimate No: _____.

NOTES

- (1) Each time invoices are submitted, a separate Form C-21 must be completed for each eligible pay item or pay item group (first four characters must match). Example: 641A512, 641A514, 641A518.
- (2) Written Request by the Contractor for partial payment is required for each eligible pay item of which the materials are a part.
- (3) As per Article 109.07, an invoice or an accumulation of invoices for each eligible pay item must total \$2,500 or more (Less any Discounts to Contractor) before consideration will be given for making partial payment.
- (4) As per Article 109.07, the certification must read, "I do hereby certify that this is a true and correct invoice," and be followed by the signature of an authorized representative of the supplier.