



DOT - PIPELINE & HAZARDOUS MATERIAL SAFETY ADMINISTRATION

PHMSA: Misc Payments

**Required Field*

*Type of Payment:

*Contact Person's First Name:

Contact Person's Middle Initial:

*Contact Person's Last Name:

*Phone Number:

Ext:

Federal Tax ID or SSN:

Date:

*Comment (description of payment, etc):

*Payment Amount:

Submit Data