Texas Workforce Commission

Member of the Texas Workforce Network

SCHEDULE OF UNPAID LIABILITIES AND OTHER CLAIMS OUTSTANDING

CONTRACTOR NAME AND ADDRESS: Name Street Address City, State Zip	**Contract No:** **Contract Period Ending:** **Funding Source:**

Include the expenditures that generated the unpaid liabilities and other claims outstanding in total cumulative expenditures reported on the Monthly Expenditure Report as appropriate.

Vendor Name and Address	Invoice Date	Expected Payment Date	Invoice or PO Number	Amount
			TOTAL	

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to Payables Manager, 101 East 15th St, Room 446, Austin, Texas 78778-0001. An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to open.records@twc.state.tx.us or writing to TWC Open Records Section, 101 East 15th St, Room 266, Austin, Texas 78778-0001.