

## **REQUEST FOR DISBURSEMENT FORM**

Name of Grantee:		Agreement Number	Invoice Number		
Address (include zip code):	Project Name:				
	Billing Period Covered:				
	From:		То:		
Work Plan Task Number and Name	Task Budget	Costs Incurred	Total Cost to Date	Remaining	
(insert rows as needed for work plan)	<b>-----</b>	this Period		Balance	
% Indirect Cost (fill in if applicable)					
TOTAL					
LESS:% Withhold (as required in grant agreement)			Attach all receipts of expenditures, Progress Report & other supporting		
TOTAL AMOUNT REQUESTED			documents required.		
(For signature blocks below, Restoration	Authority staff wi	Il circulate for electro	onic signatures afte	r review.)	
CERTIFICA	ATION OF GRANT	EE/CONTRACTOR			
I hereby certify that the above costs were incurred in amounts evidence		work required under the cuments and expenditu		onsistent with the	
 Signature	Printed N	ame and Title	-	Date	
		IRE APPROVALS		2 0.0	
The undersigned certifies that all conditions precedent			sites for this disbursem	nent have been met.	
Approval Requested:	Approval R	ecommended:	Request A	Approved:	
Project Manager	Program Manager		Executive Officer		
Fund Source:			Program:		
			Measu	re AA	

A) Materials and Equipment	Receipt/Invoice#	Amount	
	SUB-TOTAL		
B) Labor - Description (Job Title) and number of hours worked	Hourly Rate	Amount	
	SUB-TOTAL		
C)% Indirect Cost (fill in if applicable)			
D) SUB-CONTRACTOR'S EXPENDITURE:			
Company Name	Invoice #	Amount	
	SUB-TOTAL		