



REQUEST FOR DISBURSEMENT FORM

Name of Grantee/Contractor:		Agreement No.	Invoice No.	
Address (include zip code):		Project Name:		
		Billing Period Covered:		
		From:	To:	
Work Program Task Number and Name	Task Budget	Costs Incurred this Period	Total Cost to Date	Remaining Balance
Subtotal Tasks				
Indirect Costs (Indirect Rate _____% (fill in if applicable))				
TOTAL				
LESS: Five (5%) or Ten (10%) Percent Withhold (if applicable). Enter as a negative number.				
RELEASE OF WITHHOLDING	Final invoice Task completion			
TOTAL AMOUNT REQUESTED				

Attach all receipts of expenditures, Progress Report, and other supporting documents required. (For signature blocks below, Restoration Authority staff will circulate for electronic signatures after review.)

CERTIFICATION OF GRANTEE/CONTRACTOR

I hereby certify that the above costs were incurred in the performance of work required under the agreement and are consistent with the amounts evidenced by supporting documents and expenditures.

Signature _____ Printed Name and Title _____ Date _____

AGREEMENT EXPENDITURE APPROVALS

The undersigned certifies that all conditions precedent to disbursement and all other legal prerequisites for this disbursement have been met.

Approval Requested:	Approval Recommended:	Request Approved:
Project Manager	Program Manager	Executive Officer

MTC Fund Source:	MTC Contract Number:	Program: Measure AA
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(A) GRANTEE/CONTRACTOR EXPENDITURES:				
(1) Direct Costs: Materials, Equipment, Travel, Etc.		Vendor/ Invoice#	Task No.(s)	Amount
SUBTOTAL SECTION 1				
(2) Labor - Description (Job Title)	Hourly Rate	No. Hours Worked	Task No.(s)	Amount
SUBTOTAL SECTION 2				
(3) Subcontractors -- Company Name		Invoice #	Task No.(s)	Amount
SUBTOTAL SECTION 3				
SUBTOTAL (1-3)				
(B) INDIRECT COSTS - Indirect Cost Rate _____% (fill in if applicable)				
GRAND TOTAL (A 1-3 + B)*				

NOTE: *Should agree with Total - Costs Documented This Period on page 1
 Form will autocalculate fields highlighted in green.