

Certified Local Government Subgrant Program

PAYMENT REQUEST AND FINANCIAL REPORT FORM (ATTACHMENT 1)

Instructions: Use this form to request a payment and report expenses for your project. Indicate the payment you are requesting by checking the box below. Advance payments require only 1, 2, and 5 filled out. Report project expenditures made to subcontractors and individuals for work on the project since your last payment request, not including donated/in-kind. Use the far right column to indicate whether entry is donated/in-kind. Add Financial Report Totals at the bottom of the form. **Final payment is a reimbursement ONLY.** Please refer to Exhibit C of your agreement for payment amounts and deliverables due before submitting a payment request.

1. General Information:

Project #: _____ Project Title: _____
 CLG Name: _____ Staff Contact: _____

2. Payment Request:

Advance
 1st Interim
 2nd Interim
 Final

3. Financial Report:

Award Amount	\$				
Award Ratio	Grant Funds:	%	Cash Match:	%	

PAYEE NAME	BUDGETED TASK	DATE PAID	CHECK #	AMOUNT PAID	IN-KIND AMOUNT
1st Interim Financial Report Total					
2nd Interim Financial Report Total					
Final Financial Report Total					
Project Total					

4. Additional Information:

Estimate: Project is _____% Complete
 Interest Earned: \$ _____
 Invoices and Check Copies Attached

5. Signature:

I hereby certify that all expenses reported above have been PAID and that all of the information is correct and any false or misrepresented information may require immediate repayment of any or all funds.

 Signature Date

DO NOT WRITE IN THIS AREA

Reviewed/Approved for Payment