**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 |
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| 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