**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 (including any cash and donated match) made to subcontractors and individuals for work on the project since your last payment request. 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  Interim  2ndInterim, if applicable  Final Payment

**3) Invoices paid since last payment request:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PAYEE NAME | BUDGETED TASK  *as listed in Exhibit B of Award* | DATE PAID | CHECK # | **GRANT AMOUNT** | **MATCH AMOUNT** | **IN-KIND** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I hereby certify that all expenses reported above have been PAID, that all of the information is correct, and that any false or misrepresented information may require immediate repayment of any or all funds. | | 1st Interim Report Total | |  |  |  |
| 2nd Interim Report Total | |  |  |  |
| Final Financial Report Total | |  |  |  |
| **Project Total** | |  |  |  |

**4) Additional Information:**

(Required) Invoices and Check Copies Included

Estimate: Project is \_\_\_\_\_\_\_\_\_\_% Complete

DO NOT WRITE IN THIS AREA

Approved for Payment

Interest Earned: $\_\_\_\_\_\_\_\_\_\_\_\_

**5) Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Person Responsible for Grant Date Revised 4/2021