

Indicate Payment Request Type by checking the appropriate box



Enter the General Information in this section

Enter the Award amount, and the Award ratio in this section

STATE HISTORICAL FUND

PAYMENT REQUEST AND FINANCIAL REPORT FORM

STEP 1) General Information:

Project # _____ Project Title: _____
 Grant Recipient: _____ Grant Recipient Contact: _____

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. The Financial Report (Step 3) is not required to be completed when you are requesting an Advance Payment Report payments (including your cash match) made to subcontractors and individuals for work on the project since your last payment request. Add Financial Report Totals at the bottom of the form. Include a completed Certification of Expenditures form when submitting an interim or final financial report.

Step 2) Payment Request: Check Only One Box

Advance Payment 1st Interim Payment 2nd Interim Payment (if applicable) Final Payment Easement Payment

Guidelines: Work must begin within 2 weeks of receipt of an Advance Payment. Previously advanced funds must be substantially expended (40% or more) prior to receiving an Interim Payment. **Final payment is a reimbursement ONLY.** Please refer to Exhibit C of your contract for payment amounts and deliverables due before submitting a payment request. **Contingency funds will be added to payments based on prior approval.** Include a copy of the Easement Fee invoice when requesting an Easement Payment.

Step 3) Financial Report:

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

PAYEE NAME	BUDGETED TASK <i>as listed in Exhibit B of Contract</i>	DATE PAID	WARRANT or CHECK #	AMOUNT PAID
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
I hereby certify that all expenses reported above have been PAID and that all of the information is correct and that any false or misrepresented information may require immediate repayment of any or all funds.				1 st Interim Financial Report Total
				2 nd Interim Financial Report Total
				Final Financial Report Total
_____ Enter the estimated percentage the project is complete				Project Total _____

Enter the name of the person or company paid

Enter the name/letter, number of the task this payment is for. If an invoice has multiple tasks, you **must** break the invoice up onto multiple lines or include a copy of the invoice.

** If you have prior approval for contingency use from your Specialist, record the task as "contingency - Budget task".

Enter the date this payment was made

Enter the Check Number for this payment

Enter the payment amount

Add the 1st and 2nd Interim Reports and the Final Report together to get the Project Total

Step 4) Additional Information:

Estimate: Project is _____% Complete
 Interest Earned: \$ _____
 Certification of Expenditures Form (COE) form included

Enter the amount of interest that previously paid grant funds have earned

DO NOT WRITE IN THIS AREA

____ Reviewed
 ____ Quality Check
 ____ Approved for Payment

Step 5) Signature:

 Grant Recipient/Project Director Signature Date

Be sure to include the COE when submitting this form. Don't forget to sign and date!