



## REQUEST FOR DISBURSEMENT FORM

<b>Name of Grantee/Contractor:</b>		<b>Agreement Number</b>	<b>Invoice Number</b>	
<b>Address (include zip code):</b>		<b>Project Name:</b>		
		<b>Billing Period Covered:</b>		
		From:	To:	
<b>Work Plan Task Number and Name</b> <i>(insert rows as needed for work plan)</i>	<b>Task Budget</b>	<b>Costs Incurred this Period</b>	<b>Total Cost to Date</b>	<b>Remaining Balance</b>
_____ % Indirect Cost (fill in if applicable)				
<b>TOTAL</b>				
LESS: Ten (10%) Percent Withhold (if applicable)			<b>Attach all receipts of expenditures, Progress Report &amp; other supporting documents required.</b>	
<b>TOTAL AMOUNT REQUESTED</b>				
<b>CERTIFICATION OF GRANTEE/CONTRACTOR</b>				
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
(FOR STATE COASTAL CONSERVANCY USE ONLY)				
<b>AGREEMENT EXPENDITURE APPROVALS</b>				
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		Work Group Leader		Executive Officer
<b>Fund Source:</b>			<b>Program:</b>	
			Measure AA	

**GRANTEE/CONTRACTOR EXPENDITURE:**

(A) Materials and Equipment	Receipt/Invoice#	Amount
<b>SUB-TOTAL</b>		

(B) Labor - Description (Job Title) and number of hours worked	Hourly Rate	Amount
<b>SUB-TOTAL</b>		

(C) \_\_\_\_\_ % Indirect Cost (fill in if applicable)

**(D) SUB-CONTRACTOR'S EXPENDITURE:**

Company Name	Invoice #	Amount
<b>SUB-TOTAL</b>		

**GRAND TOTAL (A+B+C+D)\***

NOTE: (1) \* Should agree with "Total Costs Incurred This Period" on page 1