



REQUEST FOR DISBURSEMENT FORM

Name of Grantee:		Agreement Number	Invoice Number	
Address (include zip code):		Project Name:		
		Billing Period Covered:		
		From:	To:	
Work Plan Task Number and Name <i>(insert rows as needed for work plan)</i>	Task Budget	Costs Incurred this Period	Total Cost to Date	Remaining Balance
_____ % Indirect Cost (fill in if applicable)				
TOTAL				
LESS: Ten (10%) Percent Withhold (if applicable)			Attach all receipts of expenditures, Progress Report & other supporting documents required.	
TOTAL AMOUNT REQUESTED				
(For signature blocks below, Restoration Authority staff will circulate for electronic signatures after review.)				
CERTIFICATION OF GRANTEE/CONTRACTOR				
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
AGREEMENT EXPENDITURE APPROVALS				
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		Program Manager		Executive Officer
Fund Source:			Program: Measure AA	

GRANTEE/CONTRACTOR EXPENDITURE:

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

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

(C) _____ % Indirect Cost (fill in if applicable)	
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(D) SUB-CONTRACTOR'S EXPENDITURE:

Company Name	Invoice #	Amount
SUB-TOTAL		

GRAND TOTAL (A+B+C+D)*	
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NOTE: (1) * Should agree with "Total Costs Incurred This Period" on page 1