

REQUEST FOR DISBURSEMENT FORM

Name of Grantee/Contractor:		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: Five (5%) or Ten (10%) Percent Withhold (if applicable)			Attach all receipts of expenditures, Progress Report & other supporting documents required.	
TOTAL AMOUNT REQUESTED				
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
(FOR STATE COASTAL CONSERVANCY USE ONLY)				
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		Work Group Leader		Executive Officer
Fund Source:			Program:	

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)		
(D) SUB-CONTRACTOR'S EXPENDITURE:		
Company Name	Invoice #	Amount
SUB-TOTAL		
GRAND TOTAL (A+B+C+D)*		

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