

REQUEST FOR DISBURSEMENT FORM

Name of Grantee/Contractor:		Agreement No.	Invoice No.	
Address (include zip code):		Project Name:		
		Billing Period Covered:		
		From:	To:	
Work Plan Task Number and Name	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)			<i>Attach all receipts of expenditures, Progress Report, and other supporting documents required.</i>	
RELEASE OF WITHHOLDING	Final invoice			
TOTAL AMOUNT REQUESTED				

GRANTEE/CONTRACTOR EXPENDITURE:		
(A) Materials and Equipment	Receipt/Invoice#	Amount
SUBTOTAL		
(B) Labor - Description (Job Title) and number of hours worked	Hourly Rate	Amount
SUBTOTAL		
(C) _____% Indirect Cost (fill in if applicable)		
(D) SUB-CONTRACTOR'S EXPENDITURE:		
Company Name	Invoice #	Amount
SUBTOTAL		
GRAND TOTAL (A+B+C+D)*		

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