

DOCUMENTATION OF ADVANCED FUNDS FORM

Name of Grantee/Contractor:	Agreement Number	Project Period Covered (From - To)
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Address (include zip code):	Project Name:
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Advanced Payments	Invoice No.	Date Requested	Amount	
Payment #1				
Payment #2				
Payment #3				
Payment #4				
Payment #5				
TOTAL				

Work Plan Task Number and Name <i>(insert rows as needed for work plan)</i>	Task Budget	Costs Documented this Period	Total Amount Documented to Date	Remaining Budget Balance
Subtotal Tasks				
Indirect Costs (Indirect Rate _____% (fill in if applicable))				
TOTAL				
Amount to document before next advance				

CERTIFICATION OF GRANTEE

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 (E-signature allowed)	Printed Name and Title	Date
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(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

Form will autocalculate fields highlighted in green.
 From Work Program, should be the same for each DAF

(A) GRANTEE/CONTRACTOR EXPENDITURES:					
(1) Direct Costs: Materials, Equipment, Travel, Etc.		Vendor/ Invoice#	Task No.(s)	Amount	
SUBTOTAL SECTION 1					
(2) Labor - Description (Job Title)		Hourly Rate	No. Hours Worked	Task No.(s)	Amount
SUBTOTAL SECTION 2					
(3) Subcontractors -- Company Name		Invoice #	Task No.(s)	Amount	
SUBTOTAL SECTION 3					
SUBTOTAL (1-3)					
(B) INDIRECT COSTS - Indirect Cost Rate _____% (fill in if applicable)					
GRAND TOTAL (A 1-3 + B)*					

NOTE: *Should agree with Total - Costs Documented This Period on page 1
 Form will autocalculate fields highlighted in green.