

REQUEST FOR DISBURSEMENT FORM

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

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

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