

REQUEST FOR PAYMENT

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF FINANCIAL ASSISTANCE
CLEANUP AND ABATEMENT ACCOUNT (CAA)

AGENCY: _____

PROJECT TITLE: _____

TOTAL AMOUNT APPROVED FOR PROJECT: \$ _____

CAA PROJECT NUMBER: _____ AGREEMENT NUMBER: _____

CAA INVOICE NUMBER: _____

VENDOR INVOICE NUMBER: _____ BILLING PERIOD: _____

PAYEE NAME: _____

PAYEE ADDRESS: _____

INVOICE TOTAL: \$ _____

DESCRIPTION OF SERVICES OR GOODS PROVIDED:

By signing this invoice I certify, under penalty of law, that this document and any attachment was prepared by me or under my direction in accordance with the terms and conditions of the Grant Agreement and Exhibits, and, to the best of my knowledge and belief, is accurate.

GRANTEE SIGNATURE: _____ Date: _____

GRANTEE PROJECT DIRECTOR: _____
(Print Name Clearly)

For State Use Only

GRANT MANAGER SIGNATURE: _____ Date: _____

GRANT MANAGER: _____
(Print Name Clearly)

PHONE NUMBER: _____

FUNDING INFORMATION: Index/Object Code/PCA Number: _____

PAYMENT REVIEWED BY: _____
Staff Services Manager Date