State of California

State Water Resources Control Board

Safe Drinking Water State Revolving Fund (DWSRF)

CLAIM FOR REIMBURSEMENT (PUBLIC)

See instruction sheet.

☐ **Forgiveness of Principal/Grant Funds** ☐ **Negative Interest Funds**

☐ **Other Source of funds**_____ ☐ **Loan Funds**

Part A

DUNS #: _____

Name of Water System	0				
Address					
Phone Number	0	Fax Number		Funding Agreement No.	0
Claim Number	0	For Period From (Month/Day/Year)		To (Month/Day/Year)	

Part B Expenditure Summary

Budget Line Item Number	Attach-ment Number	Description	Total Project Expenditures	Matching Funds/Supplier's Cost/Other Fund Source(s)	Funds Requested

PART C

1. Total this claim - *Do not request reimbursement for funds that won't be immediately disbursed to the contractor.*	**$0.00**	**$0.00**	**$0.00**
2. Total all prior claims			**$0.00**
3. Total expenditures to date (1 + 2 above)	**$0.00**	**$0.00**	**$0.00**
4. DWP Funding Agreement Amount			
5. Total funds obligated (Same as 3)			**$0.00**
6. Funds still available (4 - 5 above)			**$0.00**

Prepare an Original and Two (2) Copies.

Original **plus** one copy to:
State Water Resources Control Board, Safe Drinking Water Office
P.O. Box 997377, MS 7418 / Sacramento, CA 95899-7377

One copy to: SWRCB District Engineer

FOR STATE USE ONLY

Payment Approved (SWRCB Analyst)	Date
Notes:	

V# CALSTARS CODING (Grant) $

Fiscal Year	PCA	Index	Object Code	Agency Object	Project Number	Work Phase

Approved by: _____ Date: _____