

PA CDBG-DR BUYOUT PROGRAM: REQUEST FOR PAYMENT

APPLICANT:	CDBG-DR PROJECT NUMBER:
COUNTY:	DISASTER NUMBER:

COST INCURRED					
Item*	Force Account			Contractor, Vendor & Other	Cost Incurred (Subtotal)
	Labor	Equipment	Materials		
	\$	\$	\$	\$	\$
* Each item listed should be an item in the approved project budget				TOTAL COST INCURRED (100%) =	\$

CERTIFICATION BY SUBRECIPIENT:	
<p>I certify that to the best of my knowledge and belief the information above is correct and all reported costs were incurred in accordance with the approved grant and project scope of work. I further certify that the originals of all the copies of attached canceled checks, payrolls, time records, contracts, etc. are being maintained for review by appropriate federal/state officials.</p>	
<p>_____</p> <p>SIGNATURE OF APPLICANT'S AGENT</p>	<p>_____</p> <p>DATE</p>