

SRF PAYMENT REQUISITION FORM

1. LOAN RECIPIENT/VENDOR: 2. SRF #: C-54
NAME: 3. REQUEST NUMBER:
ADDRESS: 4. PERIOD COVERED BY THIS REQUEST (MO/DAY/YR)
FROM: (MO/DAY/YR) TO: (MO/DAY/YR)
FEIN:
DUNS: 5. % of PHYSICAL CONSTRUCTION COMPLETION

CLASSIFICATION	A) APPROVED BUDGET	B) PREVIOUS APPROVED	C) THIS REQUEST	D) TOTAL COLUMNS B&C	E) AGENCY USE ONLY	
					SRF	PF/G
1) CONSTRUCTION						
2) EQUIPMENT						
3) ENGINEERING						
a. Planning						
b. Design						
c. Construction Basic						
d. Special Services						
e. Inspection						
4) LEGAL						
5) ACCOUNTING						
6) ADMINISTRATIVE						
7) CONTINGENCY						
8) LOAN REPAYMENT						
9) RESERVE FUND						
10) CLOSING COSTS						
11) SUBTOTAL	\$ -	\$ -	\$ -	\$ -		
12) LESS PREVIOUSLY PAID				\$ -		
13) REQUEST AMOUNT				\$ -		

14) _____ AUTHORIZED SIGNATURE DATE _____ TYPED OR PRINTED NAME AND TITLE	15) _____ PERSON PREPARING FORM SIGNATURE DATE _____ TYPED OR PRINTED NAME AND TITLE
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AGENCY USE ONLY:

THIS REQUEST APPROVED BY: WV DEPARTMENT OF ENVIRONMENTAL PROTECTION	
_____ PROJECT REVIEWER DATE	_____ AUTHORIZED OFFICER DATE

The items listed hereon conform to specification, were received and are approved for payment:

Date: _____ Signed: _____

Comm #	SA PO #	PO#	SWC Name:					
		OE#	SCO#					
CLASS #	LEASE #	FEIN/SSN: _____					OFF APP Date:	
		FIMS VENDOR #: _____						
	FUND	FY	ORG	ACT	OBJ CODE	GRANT #	PROJECT #	AMOUNT
Base	3329		9455	099	128			
G	3329		9457	099	128			
Match	3329		9455	099	083			
G	3329		9457	099	083			
Repay	3329		9455	099	083-S			
G	3329		9457	099	083-S			
TOTAL								

INSTRUCTIONS:

PAYMENT DATA

ATTACH ALL COPIES OF PROJECT INVOICES WHICH DOCUMENT THIS SPECIFIC PAYMENT REQUEST.

ITEM ENTRY

1. PROVIDE THE LEGAL NAME OF THE RECIPIENT ORGANIZATION, MAILING ADDRESS, FEIN NUMBER, AND DUNS NUMBER.
2. FILL IN PROJECT NUMBER ASSIGNED BY THE SRF PROGRAM.
3. INVOICE NUMBERS SHOULD BE IN SEQUENTIAL ORDER BEGINNING WITH REQUEST #1.
4. THIS SHOULD REFLECT THE TIME FRAME COSTS COVERED BY PAYMENT REQUISITION.
5. THE PERCENTAGE OF PHYSICAL CONSTRUCTION COMPLETED, INCLUDING STORED MATERIALS.

CLASSIFICATION

COLUMNS ENTRY

- A SHOW THE SRF APPROVED BUDGET BY LINE ITEM.
- B SHOW THE CUMULATIVE TOTAL COST PREVIOUSLY APPROVED FOR REIMBURSEMENT. (THIS WILL BE COLUMN E OF THE PRIOR INVOICE)
- C SHOW AMOUNT REQUESTED FOR THIS REIMBURSEMENT REQUEST (COST INCURRED SINCE LAST INVOICE)
- D THE SUM OF COLUMNS B & C.
- E **STATE AGENCY USE ONLY - DO NOT COMPLETE**

LINES 12 + 13 **DO NOT COMPLETE**

SIGNATURE BLOCK

ITEM ENTRY

14. THE AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THREE ORIGINAL FORMS OF EACH PAYMENT REQUEST. THE INVOICE DATE CAN BE NO SOONER THAN THE LAST DAY OF THE PERIOD COVERED. (BLOCK 4)
15. THE PERSON WHO PREPARES THE PAYMENT REQUEST MUST SIGN AND DATE THREE ORIGINAL FORMS.

SUBMIT PAYMENT REQUEST FORM IN TRIPLICATE
AND ONE SET OF INVOICES TO
DEP, DIVISION OF WATER & WASTE MANAGEMENT
STATE REVOLVING FUND PROGRAM
601 57TH STREET, S.E.
CHARLESTON, WV 25304-2345