**ATTACHMENT C**

**PAYMENT REQUEST FORM**

|  |  |
| --- | --- |
| **Grantee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mailing Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DEP Agreement No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Grantee's Grant Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Payment Request No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date Of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Performance****Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_** |
| **Total Amount Requested:$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Deliverable No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

### GRANT EXPENDITURES SUMMARY SECTION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Effective Date of Grant through End-of-Grant Period]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY OF EXPENDITURE** | **AMOUNT OF THIS CLAIM** | **TOTAL CUMULATIVE FCMP CLAIMS** | **MATCHING FUNDS**  **CLAIMED** | **TOTAL CUMULATIVE MATCHING FUNDS** |
| **Salaries** | **$** | **$** | **$** | **$** |
| **Fringe Benefits** | **$** | **$** | **$** | **$** |
| **Travel** | **$** | **$** | **$** | **$** |
| **Equipment Purchases** | **$** | **$** | **$** | **$** |
| Supplies | **$** | **$** | **$** | **$** |
| **Contractual Services** | **$** | **$** | **$** | **$** |
| Other Expenses | **$** | **$** | **$** | **$** |
| Indirect | **$** | **$** |  |  |
| ***TOTAL AMOUNT*** | **$** | **$** | **$** | **$** |
| GRANT BUDGET AMOUNT | **$** |  | **$** |  |
| ***Less Total Cumulative Payments of*:** | **$** |  | **$** |  |
| *REMAINING BUDGET IN GRANT* | **$** |  | **$** |  |

## GRANTEE CERTIFICATION

The undersigned certifies that the amount being requested for reimbursement above

was for items that were charged to and utilized only for the above cited grant activities.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Grantee's Grant Manager’s Signature |  | Grantee's Fiscal Agent |
| Print Name |  | Print Name |
|  |  |  |
| Telephone Number |  | Telephone Number |

**\*\*PLEASE DO NOT ALTER THIS FORM\*\***