

**LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT
PAYMENT REQUEST FORM**

1. Project Name:		

3. Grant Number	3a. CP Number:
4. Payment Request Number:	
5. Type of Payment: <input type="checkbox"/> PROGRESS <input type="checkbox"/> FINAL	

2. Agency Name:		
Mailing Address:		
City:	State:	ZIP:

7. Payee Name: <i>(Leave blank if same as Agency Name)</i>		
Mailing Address:		
City:	State:	ZIP:

6. Payment Information	
A. Grant Amount:	
B. Funds received to date:	
C. Funds available: <i>(A - B)</i>	
D. <u>Amount requested:</u>	
Project Administration:	
Project Development:	
Project Acquisition:	
Total Request:	
E. Remaining Funds: <i>(C - D)</i>	
8. Signature of Representative Authorized in Resolution:	
	Date
Name and Title: <i>(Print)</i>	
9. Comments:	

REGIONAL PARK AND OPEN SPACE DISTRICT USE ONLY	
Grant Amount:	
Funds received to date:	
Funds available	
<u>Amount approved:</u>	
Project Administration:	
Project Development:	
Project Acquisition:	
Disallowed Charges:	
Total Approved:	
Remaining Funds:	
Program Manager	
	Date
Grants Supervisor	
	Date
Administration Supervisor	
	Date
Administrator	
	Date

LOS ANGELES COUNTY ACCOUNTING USE ONLY				
GAX ID NUMBER		SCHEDULED PAYMENT DATE		GAED REFERENCE
VENDOR CODE		DEPT OBJECT	P/F	BUDGET FY
FUND NUMBER(S)	UNIT CODE	PROJECT CODE	REV CURR (R400) REV ACCR (99R9)	AMOUNT
<i>TOTAL PAYMENT REQUEST:</i>				
COMMENTS:				

eCAPS Data Entry by:	
	Date
Level One Approver: <i>(If Internal Voucher, IFTI Approver)</i>	
	Date
Level Two Approver: <i>(If Internal Voucher, IFTA Approver)</i>	
	Date
Level Three Approver:	
	Date
Level Four Approver:	
	Date
COMMENTS:	

PROCESSED PAYMENT INFORMATION						
WARRANT NUMBER		WARRANT AMOUNT	WARRANT DATE	I.V. NUMBER	I.V. AMOUNT	I.V. DATE

INSTRUCTIONS

The Grantee may request payment once every thirty days. If the Grantee has received more than one Grant from the District, then one Payment Request Form must be submitted for each Grant. **Do not combine multiple Grant requests into a single Payment Request Form.**

All applicable attachments in the Payment Request Packet, and all other applicable Packets, must also be submitted for the Payment Request to be processed. See Section IV.C of the Procedural Guide for more information.

The following instructions are keyed to corresponding items on the Payment Request Form:

1. Project Name: Name of the Project for which the payment is requested.
2. Agency Information: Name and mailing address of the Grantee.
3. Grant Number: The number that the District has assigned to the Grant.
4. Payment Request Number: For each Grant Number, sequentially number each payment request. For example, the first Payment request submitted for a Grant is Payment Request No. 1; the second, No. 2; the third, No. 3; and so forth.
5. Type of Payment: Check the appropriate box. If a final payment is being requested, attach the additional items listed in the Closing Document Schedule.
6. Payment Information: Enter the information for each sub-item listed below. Do not round amounts to the nearest dollar.
 - A. Grant Amount: Amount of funds authorized to a Grant pursuant to the Project Agreement.
 - B. Funds received to date: Total amount of reimbursement received from the Grant.
 - C. Funds Available: Difference between the Grant Amount and the funds received to date ($A - B = C$).
 - D. Amount requested: List the amount currently being requested, broken down by expenditure; that is, Project Administration, Project Construction, and Project Acquisition. See Section IV.C for more information on expenditure classification.
 - E. Remaining funds: Difference between available funds and the amount currently requested ($A - B = C$).
7. Payee Information: Name and mailing address of the agency overseeing the Project and to whom the Grant payment should be issued to.
8. Signature of Representative Authorized in Resolution: Must be an original signature of a person authorized in the Grantee's Resolution.
9. Comments: Indicate additional comments, if any.