

NM Developmental Disabilities Planning Council PAYMENT REQUEST FORM

Organization/Project Name: _____

Address _____

Contract # _____ Contract Dates: _____ to _____

Date: _____ This Payment Covers: _____ to _____

TO BE COMPLETED BY DESIGNATED PROJECT OFFICER:

		DDPC Funds		Your Match		TOTAL	%MATCH of Total
1 Total Contract Amount	1a	_____	+1b	_____	=1c	_____	1d
2 Total of Previous Payments Received	2a	_____	+2b	_____	=2c	_____	2d
3 Current Project Balance (Prior to this Payment)	3a	_____	+3b	_____	=3c	_____	3d
4 Current Reimbursement Requested	4a	_____	+4b	_____	=4c	_____	4d
5 Project Balance after this request	5a	_____		5b	_____		

Source of Monies Match _____ (In-kind, state, other non-state agencies etc.)
 Source of Leverage _____ (Federal Funds - also included in Data Report)

I hereby certify that the above request is true and correct and the funds requested are necessary to carry out the provisions of our contract and grant agreement. I further certify that the expenditures being reported are directly related to the project and that payment for these services has not been previously received. In addition, the match reported is true and correct, and of sufficient proportion to fulfill contract requirements.

 Date Authorized Project Representative Signature/Title

To be completed by DDPC Office:

	Federal	Match	Total	% Match
1 Total Contract Amount	_____	_____	_____	_____
2 Less Previous payments	_____	_____	_____	_____
3 Reimbursable Expenditures this Period	_____	_____	_____	_____
4 Adjustments (if applicable)	_____	_____	_____	_____
5 Voucher Amount this Payment	_____	_____	_____	_____
6 Project Balance after this request	_____	_____	_____	_____

APPROVED FOR PAYMENT:

 DDPC Authorized Signature Date Contract Manager Signature Date