

Project Number: \_\_\_\_\_

## REQUEST FOR PAYMENT CHECKLIST

### I. Grantee Information:

Are the following correct and match vendor info:

- ☐ Grantee Name
- ☐ Address
- ☐ Phone No.
- ☐ Grant No.
- ☐ Project Title
- ☐ Grant Expiration Date

### II. Payment Computation:

Are the following correct:

- ☐ Grant Amount
- ☐ AIPP Amount (if applicable)
- ☐ Funds Requested to Date
- ☐ Amount Requested this Payment
- ☐ Grant Balance **Which box was checked on REQUEST FOR PAYMENT FORM?**  
**ARPA** (CPF Grant Funds) **GF** (General Fund) **GOB** (General Obligation Bond) **STB** (Severance Tax Bond)
- ☐ Amount Requested this Payment

### III. Fiscal Year Expenditure Period Ending:

- ☐ Jan – June
  - ☐ July - Dec
  - ☐ Fiscal Year Correct?
- Month when expenditure is invoiced

This is the State Fiscal Year not Calendar year.

*\*Example: Any expenditures received after 7/1/2023 are considered State Fiscal Year 2024.*

### IV. Certification:

Is signature and date original and by the person below or authorized representative?

- ☐ Grantee Fiscal Officer
- ☐ Grantee Representative

### Supporting Documentation

- ☐ **Detailed invoice** is required to match exactly the amount being requested on the Request for Payment form.
- ☐ Current copy of **Notice of Obligation (NOO)** attached?
- ☐ Include a copy of third-party invoices and proof of payment (e.g. front and back of issued check to third party, certified bank statement or document, etc.)
- ☐ Attach a copy of the current quarterly report.
- ☐ Attach a copy of the Final Report, if this is a final payment.

Attach a copy of completed checklist to OBAE with the Request for Payment Form.

#### For OBAE Staff Use Only

A. Is Grantee listed on the "Compliant Grantee" listing?

- ☐ Yes, **proceed to step C**
- ☐ No, **proceed to step B**

B. Obtain Grantee Special Grant Conditions Checklist and Approval Form.

Has form been completed and approval for payment obtained?

- ☐ Yes, **proceed to step C**
- ☐ No, **check NOT approved at step D**

C. Review Request for Payment Checklist

D. Request for payment is:

- ☐ Approved
- ☐ NOT Approved, further information needed.

\_\_\_\_\_  
Approver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date