

GRANT PAYMENT REQUEST

CalRecycle 87 (Rev. 8/16)

Complete the information requested.

1. GRANTEE NAME (as appears on grant agreement)		2. GRANT NUMBER (assigned by CalRecycle)	
3. GRANTEE INVOICE NUMBER (optional)		4. PAYMENT REQUEST NUMBER	5. EXPENDITURE PERIOD
6. TYPE OF PAYMENT REQUEST <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final			7. AMOUNT REQUESTED \$
8. SEND WARRANT TO:			
GRANTEE NAME (e.g. organization/business name)			
CONTACT NAME			
ADDRESS			
CITY		STATE	ZIP CODE
9. I certify, under penalty of perjury under the laws of the State of California, that the above information is true and correct and that all costs for which reimbursement is requested herein were incurred in accordance with the above referenced Department of Resources Recycling and Recovery Grant Agreement.			
SIGNATURE OF SIGNATURE AUTHORITY / AUTHORIZED DESIGNEE (as authorized in Resolution, Letter of Commitment, or Letter of Designation)			DATE
PRINT NAME			TITLE
CalRecycle Staff Use Only			
10. REQUESTED AMOUNT			\$
11. ADDITIONS OR DEDUCTIONS SUBJECT TO WITHHOLD			\$
12. SUBTOTAL			\$
13. LESS WITHHOLD (if applicable and authorized in grant agreement)			\$
14. ADDITIONS OR DEDUCTIONS NOT SUBJECT TO WITHHOLD			\$
15. APPROVED AMOUNT FOR PAYMENT			\$
16. COMMENTS			17. DATE RECEIVED
APPROVAL SIGNATURE OF GRANT MANAGER			DATE APPROVED
PRINT NAME			
APPROVAL SIGNATURE OF PROGRAM MANAGER			DATE APPROVED
PRINT NAME			

See instructions on reverse side

Information and instructions for completing the form

SECTION	TITLE	DESCRIPTION
1.	GRANTEE NAME (as appears on the grant agreement)	Organization or business name as it appears on the grant agreement
2.	GRANT NUMBER (assigned by CalRecycle)	Grant number assigned by CalRecycle as it appears on the grant agreement
3.	GRANTEE INVOICE NUMBER (optional)	Number assigned to the payment request form by the Grantee
4.	PAYMENT REQUEST NUMBER	Start with 1 for the first payment request and number all subsequent payment requests consecutively
5.	EXPENDITURE PERIOD	For the costs requested for reimbursement in this Grant Payment Request, insert the first and last dates of the period these costs were incurred.
6.	TYPE OF PAYMENT REQUEST	Reimbursement– the typical payment request is paid on a reimbursement basis Advance–available only upon prior approval of grant manager Final– final grant payment request for the project
7.	AMOUNT REQUESTED	Amount being requested for payment
8.	SEND WARRANT TO	Grantee's name, contact name, address, city, state, and zip code as it appears on grant agreement
9.	CERTIFICATION	Print or type name and title of person authorized in the Resolution, Letter of Commitment, or Letter of Designation included with the Grantee's application Authorized person signs and dates
CalRecycle Staff Use Only		
10.	REQUESTED AMOUNT	Amount requested by the Grantee
11.	ADDITIONS OR DEDUCTIONS	Additions or deductions to the requested amount determined by the CalRecycle Grant Manager.
12.	SUBTOTAL	Amount subject to the withhold and calculated by the CalRecycle Grant Manager
13.	LESS WITHHOLD, (if applicable and authorized in grant agreement)	Withhold amount authorized in the grant agreement and calculated by the CalRecycle Grant Manager
14.	ADDITIONS OR DEDUCTIONS NOT SUBJECT TO WITHHOLD	Additions or deductions to the requested amount determined by the CalRecycle Grant Manager (e.g., at the end of the grant, the CalRecycle Grant Manager releases the amount withheld).
15.	APPROVED AMOUNT FOR PAYMENT	Amount approved for payment by the CalRecycle Grant Manager
16.	COMMENTS	Comments about additions, deductions or general comments related to this payment request
17.	DATE RECEIVED	Date payment request was received by CalRecycle

Send grant payment request to:

Department of Resources Recycling and Recovery
Attention: (Insert name of assigned CalRecycle Grant Manager)
1001 I Street
P.O. Box 4025
Sacramento, CA 95812-4025