

HEADWATERS RC&D COUNCIL SINNEMAHONING WATERSHED GRANT PROGRAM DIRECT PAYMENT REQUEST

Project Title: _____

Document # _____

Grantee: _____

Point of Contact: _____ Phone Number _____

Invoice Period: _____, 20__ to _____, 20__

(Indicate month, day and year that work was performed.)

--Please check the box next to the appropriate expenditure(s) when requesting HRC&D to pay the vendor(s).

EXPENDITURES: (Attach Invoices, Receipts, Logs, or Other Documentation)

1. Salaries/Benefits

	Name and/or Title	Hours	x	Rate	=	
<input type="checkbox"/>	1. _____	_____		_____		_____
<input type="checkbox"/>	2. _____	_____		_____		_____
<input type="checkbox"/>	3. _____	_____		_____		_____
Subtotal						\$ _____

2. Travel*

<input type="checkbox"/>	1. Car:	_____ miles x	_____ per mile =	\$ _____		
<input type="checkbox"/>	2. Other (indicate):	_____	\$ _____			
Subtotal						\$ _____

3. Equipment/Supplies (list)

<input type="checkbox"/>	1. _____	\$ _____
<input type="checkbox"/>	2. _____	\$ _____
<input type="checkbox"/>	3. _____	\$ _____
Subtotal:		\$ _____

4. Construction (list company name)

<input type="checkbox"/>	1. _____	\$ _____
<input type="checkbox"/>	2. _____	\$ _____
<input type="checkbox"/>	3. _____	\$ _____
<input type="checkbox"/>	4. _____	\$ _____
Subtotal:		\$ _____

*Limited to state rates unless otherwise noted in agreement

*****NOTE:** If the Grantee is receiving the Payment and disbursing the funds to the vendors, the GRANTEE is responsible for providing 1099's to the appropriate vendors based on the Federal Tax Laws of payments greater than \$600.00 a year to each vendor that is not incorporated.

EXPENDITURES: (continued)

5. Contractual Services (list contractor name)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____

Subtotal: \$ _____

6. Administrative (list actual expenses) –

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____

Subtotal: \$ _____

7. Other (list)

- 1. _____ \$ _____
- 2. _____ \$ _____

Subtotal: \$ _____ HRC&D

TOTAL EXPENDITURES: \$ _____

Direct Payment Request: \$ _____

MATCH CONTRIBUTION:

CASH

IN-KIND

1. Salaries/Benefits	\$ _____	\$ _____
2. Travel	\$ _____	\$ _____
3. Equipment/supplies	\$ _____	\$ _____
4. Construction	\$ _____	\$ _____
5. Contractual	\$ _____	\$ _____
6. Administration	\$ _____	\$ _____
7. Other	\$ _____	\$ _____
Subtotal:	\$ _____	Subtotal \$ _____
		Total: \$ _____

I declare the above to be a true and accurate statement.

Grantee Signature

Title

Date

I attest that all invoices and progress report associated with this Direct Payment Request are true and accurate statements.

Project Advisor Signature

Title

Date

Note: Please attach Progress Report of Project Activities for the time period covered in this request. Progress Report should cover activity by work task as described in your Scope of Work. **NO DIRECT PAYMENT REQUEST WILL BE PROCESSED FOR PAYMENT WITHOUT A PROGRESS REPORT.**