

# Request for Disbursement

Request No. \_\_\_\_\_

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

Grantee: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

\*\*\*Contract Number: \_\_\_\_\_

\*\*\*PO Number: \_\_\_\_\_

WBS Number ***	Invoice Number	Vendor Name	Cost Code *	G/L ***	Invoice Amount	State's % ***	State's Amount ***	Entity's Amount ***	Ineligible Amount ***
<b>Total</b>									

This document will hereby certify that each of these invoices on this list and attached list(s) is in accordance with the terms of the applicable contracts and/or agreements and that the services have been performed or the goods received. Furthermore, this certification also indicates compliance with the terms and conditions of the cooperative endeavor agreement by and between the State of Louisiana and the Grantee.

Certified Correct by Grantee: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Authorized Representative)

\_\_\_\_\_  
(Type or Print Name)

*Cost Code	Category	*Cost Code	Category
<b>Real Estate</b>		<b>Design Miscellaneous</b>	
RQ	Real Estate	R1	Topo
<b>Construction</b>		R2	Geo
CN	Construction Services	R3	Environmental
CN-TS	3rd Party Testing during Construction	R4	Testing Lab Fees
<b>Equipment</b>		R5	Other Reimbursables
EQ	Equipment	A1	Additional Design Services
<b>Design</b>		MI-TS	3rd Party Testing/Lab Fees
F1	Basic Design Services		

**Remit to:** Facility Planning & Control  
 LA Division of Administration  
 Post Office Box 94095  
 Baton Rouge, LA 70804-9095

\*\*\* G/L = Project Expenditure Code (see tables)  
 \*\*\* Areas for FP&C Use Only