

Request for Disbursement

Request No. _____

Project Number: _____

Grantee: _____

Project Name: _____

Contact Person: _____

Phone Number: _____

*****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 ***
Total									

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 Entity.

Certified Correct by Grantee _____ Date: _____
 (Signature of Authorized Representative)

 (Type or Print Name)

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