

Facility Planning and Control Request for Disbursement Form

Request No. _____

Project Number: _____ Agency: _____ Contact Person: _____

Project Name: _____

Phone Number: _____
***Contract Number: _____
***PO Number: _____

WBS Number	Invoice Number	Vendor Name	Cost Code *	G/L ***	Invoice 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 Grantee.

Certified Correct
by Agency: _____ Date: _____
(Agency Signature*)

(Type or Print Name)

***Agency Signature certifies that all provisions of the CEA have been met.**

*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 Reimbursable Expense
EQ	Equipment	A1	Additional Design Services
Design		MI-TS	3rd Party Testing/Lab Fees
F1	Basic Design Services		

FOR FPC USE ONLY:

Approved: _____
(FPC Signature) (Date)

(Print Name)

Remarks: _____

CHECK BOX AS APPLICABLE (THE FOLLOWING REQUIRE ATTACHMENTS):

For 100% Payment Minus Retainage:

FPC Recommendation of Acceptance Packet

Punchlist with Values and Total

Roof Warranties

For Retainage Payment:

Original Clear Lien Certificate

Original Consent of Surety