

U.S. EPA PAYMENT REQUEST

| | |
|-----------------|----------------------------|
| Recipient Name: | Contact Person: |
| Fax #: | Phone #: Email address: |

| EFT # | Request # | Cash on Hand: \$ | | |
|----------------------------------|---|------------------|--------------------------|---------------------------|
| Assistance Agreement | Account No/Activity Code (Superfund Site Specific) | \$ Amount | Mark (X) if Credit | For EPA Internal Use Only |
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| TOTAL AMOUNT REQUESTED \$ | | | | |

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

APPROVALS: _____
 Recipient Approving Official's Signature

 EPA Certifying Officer Approval

 Date Approved

 Date Approved

\$ _____
EPA APPROVED AMOUNT
 For EPA Use Only