

State of California – The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

Payment Request – Land and Water Conservation Fund –

See Instructions on reverse.

1. PROJECT NUMBER	2. CONTRACT NUMBER	3. EMPLOYEE IDENTIFICATION NO.
4. GRANTEE		
5. PROJECT TITLE	6. TYPE OF PAYMENT <input type="checkbox"/> Reimbursement <input type="checkbox"/> Final	
7. PAYMENT INFORMATION (<i>round to nearest dollar</i>)		
Expenditures since last billing: \$ _____		Date range of expenditures since last billing: _____
Rate of Reimbursement: _____ %		
8. SEND WARRANT TO:		
Grantee Name: _____		
Street Address: _____		
City/State/Zip Code: _____		
Attention: _____		
CERTIFICATION		
<p>I certify that the billing is correct and just and is based upon actual payment(s) of record by the participant or political subdivisions; that payment from the Federal Government has not been received; that the work and services are in accordance with the State of California Land and Water Conservation Fund grant Contract including amendments thereto; and, that the progress of the work and services under the grant Contract is satisfactory and is consistent with the amount paid.</p> <p>I further certify that the participant, political subdivision or public agency is not involved in any court litigation or law suits wherein it is alleged by private parties of the United States that persons were, on the grounds of race, color, or national origin, excluded from participation in, denied benefits of, or otherwise subject to discrimination in the outdoor recreation program or Facilities of the political subdivision or public agency.</p>		
9. SIGNATURE OF PERSON AUTHORIZED IN RESOLUTION	TITLE	DATE
FOR DEPARTMENT OF PARKS AND RECREATION USE ONLY		
ITEM	THIS BILLING	CUMULATIVE
1. Total Eligible		
2. Surcharge _____ %		
3. Total		
4. Less Federal Share		
5. Less Surcharge		
6. Total Due Participant		
DPR PAYMENT APPROVAL SIGNATURE		DATE