

PAYMENT REQUEST - QZ INFESTATION PREVENTION GRANT PROGRAM

PROJECT NUMBER	CONTRACT NUMBER	PCA	STATUTES	PROJECT PERFORMANCE PERIOD <i>From:</i> _____ <i>to:</i> _____
GRANTEE NAME		PROJECT TITLE		VENDOR NUMBER

1. **PAYMENT REQUEST NUMBER:** _____ **FINAL** (Check box if FINAL) Final payment requests must be submitted within **30 days** after the completion of the project or end of the project performance period, whichever comes first.

2. **INVOICE NUMBER / BILL FOR COLLECTION NUMBER** (For Grantee use): _____

3. **PAYMENT REQUEST PERIOD:** **FROM:** _____ **TO:** _____

4. **PAYMENT REQUEST TYPE (CHECK ONE):**

ADVANCE (Complete Section 5a)

All advance requests **must** include a written justification explaining the need for the advanced and a list of planned expenditures. Subsequent advance requests must include supporting documentation for the prior advance. **Note: Advance requests are only applicable to Federal Agencies.**

REIMBURSEMENT (Complete Section 5b)

All supporting documents for reimbursement costs claimed **must** be attached.

5. **PROJECT EXPENDITURE DOCUMENTATION SUBMITTED FOR THIS REQUEST:**

a. **Amount to be ADVANCED:**

CATEGORY	AMOUNT
Staff	\$ _____
Contracts	\$ _____
Materials / Supplies	\$ _____
Equipment Use Expenses	\$ _____
Equipment Purchases	\$ _____
Other	\$ _____
Indirect Costs	\$ _____
TOTAL ADVANCE	\$ _____

b. **Amount to be REIMBURSED:**

CATEGORY	AMOUNT
Staff	\$ _____
Contracts	\$ _____
Materials / Supplies	\$ _____
Equipment Use Expenses	\$ _____
Equipment Purchases	\$ _____
Other	\$ _____
Indirect Costs	\$ _____
TOTAL REIMBURSEMENT	\$ _____

6. **PAYMENT INFORMATION:**

- a. TOTAL GRANT AMOUNT \$ _____
- b. REIMBURSEMENT / ADVANCE REQUESTED TO DATE \$ _____
- c. CURRENT AMOUNT AVAILABLE (6a minus 6b) \$ _____
- d. REIMBURSEMENT / ADVANCE AMOUNT (From step 5) \$
- e. REMAINING GRANT FUNDS AVAILABLE (6c minus 6d) \$ _____

7. **SEND WARRANT TO:**

AGENCY NAME: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

ATTENTION LINE: _____

8. **GRANTEE CERTIFICATION:** I represent and warrant that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury that the information provided on this form and any accompany documents are true and correct to the best of my knowledge and that all funds received have or will be expended in accordance with the conditions set forth by the State.

▶ _____
AUTHORIZED REPRESENTATIVE OF GRANTEE SIGNATURE **DATE**

9. **BOATING AND WATERWAYS DIV. APPROVAL:**

▶ _____
SIGNATURE **PRINTED NAME** **DATE**

10. **SUBMIT REQUEST TO:** CALIFORNIA DEPARTMENT OF PARKS AND RECREATION
 DIVISION OF BOATING AND WATERWAYS
 ATTENTION: QZ PREVENTION PROGRAM
 One Capitol Mall, Suite 410
 Sacramento, CA 95814