Logo, company name

Description automatically generated

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Request for Payment  DIVISION OF ABANDONED MINE LANDS | |  | | | |
| Section 1. General information | | | | | |
| Project Name |  | |  | Contract # |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Payment Requested |  |  | Period Covered (MM/DD/YYYY)*Corresponding Bank Statements Must be Provided for Entire Period* | **From** |  |
|  |  |  |  |  |
| Payment Request # |  |  | To |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 2. Grantee Organization | | | | | | | | |
| Grantee Name |  | | | | | | |
|  |  | | | | | | |
| Address: |  | City |  | State |  | **Zip:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 3. Expenditure breakdown | | | |
| Supporting documents in line with the Agreement must accompany this request. | | | **AML USE ONLY** | |
| Line A. Total Funds Being Requested (This RFP Total) |  |  |  | |
| Line B. Total Payments Previously Requested |  |  |  | |
| Line C. Total Project Expenditures to Date: (Including this RFP) |  |  |  | |
| Line D. Total of Non-Construction Expenses included in Line C.  (Total of Inspection, Design, Other) |  |  |  | |
| Line E. Total of Construction Expenses included in Line C. |  |  |  | |

|  |  |  |
| --- | --- | --- |
| Section 4. Remarks | | |
| Additional information, clarifications, or explanations may be included here. You may attach additional sheets if necessary. |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SECTION 5. Grantee Approval | | | | | | |
|  |  |  |  |  |  |  |
| **Signature** |  | **Printed Name** |  | **Title** |  | **Date** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECTION 6. AGENCY APPROVALS | | | | | |
| Agency Use Only | Build America, Buy America | does does not | | apply to this project. | |
| Davis-Bacon Act | does does not | | apply to this project. | |
| OAS has reviewed and approved this RFP for BABA compliance, if applicable. | | | | |
|  | **SIGNATURE:** | | **DATE:** | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EEC/DNR/aml bRANCH mANAGER: rECOMMENDATION FOR PAYMENT | | | | | | | |
|  |  |  |  |  |  |  |
| **Signature** |  | **Printed Name** |  |  |  | **Date** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EEC/DNR/AML aSSISTANT dIRECTOR, AML, eec: rECOMMENDATION FOR PAYMENT | | | | | | | |
|  |  |  |  |  |  |  |
| **Signature** |  | **Printed Name** |  |  |  | **Date** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| oFFICE OF ADMINISTRATIVE SERVICES, EEC: RECOMMENDATION FOR PAYMENT | | | | | | | |
|  |  |  |  |  |  |  |
| **Signature** |  | **Printed Name** |  | **Title** |  | **Date** |
|  | | | | | | | |