

**NCDA&CS
ADFP Trust Fund**



Initial Payment Documentation

(Use this form to report expenditures for initial payment.)

Project Information	
Grantee:	Project Number:
Project Title:	ADFP Contract Number:
Project Period Start Date:	Project Period End Date:

Summary of Expenditures <i>(Attach copies of invoices or other types of billing documents.)</i>		
Budget Item #	Budget Category	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Initial Payment Received	\$
Total Expenditures	\$
Difference	\$

For ADFP Trust Fund Use Only

Amount due to ADFP Trust Fund	\$
Amount due to Grantee	\$

Certification: *I certify that this information is correct and based on generally accepted accounting standards and principles. The above expenditures are based on actual payments of record for the purpose of and in accordance with the terms of the grant contract. The funds requested are for reimbursement of costs during the time period indicated above and do not duplicate a previous request. The documentation will be retained in our files for future audits. (Counties should use local governmental bidding requirements on projects.)*

Authorized Representative (Print or Type):	Telephone Number:
Name:	Email address:
Title:	
Signature of Authorized Representative:	Date:

For ADFP Trust Fund Use Only

Approval by ADFP Program Office:	Approval by ADFP Finance Office:
Date:	Date