

Initial Request for Payment and Request for Reimbursement

You may make copies of this form as needed.

Initial Request for Payment Instructions *(Fill in Sections I, II, and IV)*

1. Upon execution of the contract, you may complete an initial **Request for Payment** form for an amount not to exceed \$25,000. If the total grant amount is less than or equal to \$31,250, no more than 80% of the ADFP funds can be requested at this time. Invoices or other types of billing documents showing expenditures for these funds should be submitted with year-end reports on the **Initial Payment Documentation** form.
2. Fill in the **Grantee**, **Project Number**, and **Contract Number** at the top of the page.
3. The **Project Start Date** and **End Date** should correspond with the dates of your contract.
4. **Request Number** will be "1" since this is an initial request.
5. **Type of Request** will be initial.
6. Enter the total amount being requested.
7. The grantee's finance representative (as indicated on the **Signature Card**) should sign this form. Please provide a contact number and email address for this representative in case there are any questions.

Request for Reimbursement Instructions *(Fill in Sections I, III, and IV)*

1. Requests for reimbursement may be made no more than once per month. These should be submitted by the 10th of the month.
2. Fill in the **Grantee**, **Project Number**, and **Contract Number** at the top of the page.
3. The **Project Start Date** and **End Date** should correspond with the dates of your contract.
4. The **Reporting Period Start Date** should start with the 1st of any given month and the **End Date** should include the last date of any given month. For example, a reporting period could be July 1, 2008 – July 31, 2008 or July 1, 2008 – August 31, 2008, if submitting bi-monthly requests.
5. **Request Number** is used to indicate whether this is the second, third, etc. request being made.
6. **Type of Request** will be a partial request unless you are submitting your final request for reimbursement.
7. In the **Summary of Expenditures** provide the following:
 - a) The budget item number in which expenditures have been made in the "Budget Item #" column. *(Budget Item numbers are listed on page 3 of the **General Instructions** as well as on the budget report.)*
 - b) The budget categories in which expenditures have been made in the "Budget Category" column. *(Budget categories are listed on page 3 of the **General Instructions** as well as on the budget report.)*
 - c) The "Expenditures" for each category listed.
 - d) The total ADFP expenditures for this request.
 - e) The total ADFP expenditures to date. This should be a cumulative figure.
 - f) List any **Cash** or **In-Kind** matching funds expended for this reporting period.
 - g) The grantee's finance representative (as indicated on the **Signature Card**) should sign this form. Please provide a contact number and email address for this representative in case there are any questions.

NOTE: NC sales tax is not eligible for reimbursement. Please contact us if you need further information on how to get reimbursed for sales tax.