U.S. EPA PAYMENT REQUEST

Recipient Name:	Contact Person:
Fax #:	Phone #: Email address:

EFT #	Request #	Cash on Hand: $		
Assistance Agreement	Account No/Activity Code (Superfund Site Specific)	$ Amount	Mark (X) if Credit	For EPA Internal Use Only
	TOTAL AMOUNT REQUESTED $			

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

APPROVALS: _____ _____

Recipient Approving Official's Signature — Date Approved

_____ _____ $ _____

EPA Certifying Officer Approval — Date Approved — **EPA APPROVED AMOUNT** For EPA Use Only

EPA 190-F-04-001