

**STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
REIMBURSEMENT REQUEST**

(1) INVOICE DATE:	
(2) INVOICE NO.:	-
AGREEMENT NO.:	
PROJECT NO.:	

MAIL TO: STATE WATER RESOURCES CONTROL BOARD
 DIVISION OF FINANCIAL ASSISTANCE
 ATTN: DISBURSEMENT UNIT POST
 OFFICE BOX 944212
 SACRAMENTO, CA 94244-2120

ELECTRONIC SUBMITTAL TO:
 STREET ADDRESS: 1001 I STREET, 16TH FLOOR
 SACRAMENTO, CA 95814

AGREEMENT LOAN and/or GRANT RECIPIENT: _____

STREET/P.O. BOX: _____

CITY AND ZIP CODE: _____

AUTHORIZED REPRESENTATIVE: _____ TITLE: _____

STATE USE ONLY		STATE USE ONLY				
BUDGET LINE ITEM	(3) BUDGETED AMOUNT	(4) AMOUNT CLAIMED FOR PAYMENT THIS PERIOD	(5) AMOUNT PREVIOUSLY PAID	(6) APPROVED PAYMENT FOR THIS REQUEST	(7) AMOUNT APPROVED FOR PAYMENT TO DATE	(8) % OF LINE ITEM BUDGET SPENT TO DATE
TOTAL						

COMMENTS (STATE USE ONLY):

STATE USE ONLY: APPROVAL FOR PAYMENT

All Quarterly Reports have been submitted to date.

Draft deliverables submitted for disbursement >70% of total financing amount (Grants Only)

Final deliverables submitted for disbursement >90% of total financing amount (Grants Only)

Water Code 5103 Compliant Yes, No, N/A

_____ Date _____

Project Manager Signature

_____ Date _____

Reviewer Signature