

Appendix E. Pay Request

Pay Request – Nonpoint Source Grants Program

Maine Department of Environmental Protection

Request Date: _____ Invoice ID: _____
 Project# + unique request # (e.g. 20240099-04)

PROVIDER:

Grantee Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Project # _____ Project Title: _____

PAYMENT REQUESTED:

Total Expensed to Date: _____

Minus Prior Payments: _____

Amount This Invoice: _____

Check if Final Project Payment

GRANT AND MATCH SUMMARY:

Total Grant \$ _____	Minus Spent to Date: \$ _____	= Grant Remaining \$ _____
Match Required \$ _____	Minus Match to Date \$ _____	= Match Remaining \$ _____

PROCUREMENT

Were funds used for procurement? YES NO

If yes, submit the "MBEWBE Utilization Report" form with this invoice

CERTIFICATION:

Provider certifies that grant funds were expended or costs were incurred on allowed activities and purposes in accordance with the Service Contract. Upon request by the DEP, the Provider agrees to produce the source documents used to prepare this payment request.

Name Printed of Authorized Provider Representative: _____

Signature _____ Title: _____ Date: _____

PAYMENT APPROVED BY:

Name Printed of DEP Grant Administrator:

Signature: _____ Date: _____

FOR DEP USE ONLY	Date received from AA ____/____/____	Date forwarded to Admin ____/____/____
AdvantageME CT No: _____		
Vendor Code _____	Fund _____	Agency _____
Object _____	Activity _____	SubActivity _____
Program _____	Amount \$ _____	

