

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 _____ Unit _____ SubUnit _____		
Object _____ Activity _____ SubActivity _____ Program _____ Amount \$ _____		

[illegible]