## **REQUEST FOR PAYMENT CHECKLIST**

i. Grantee information:	
Are the following correct:	For IAD Staff Use Only
☐ Grantee Name (I.A)	
☐ Address (This where the warrant will be	A. Is Tribal Grantee listed on the "Compliant Grantee" listing?
mailed) (I.B.)	Yes, proceed to step C □ No, proceed to step B  B. Obtain Tribal Grantee Special Grant Conditions Checklist and Approval
」Phone No. (I.C.) 」Grant No. (I.D.)	Form. Has form been completed and approval for paymentobtained?
	Yes, proceed to step C □ No, check NOT approved at step D
Project Title (I.E.)	C. Review Request for Payment Checklist.
Grant Expiration Date (I.F.)  II. Payment Computation:	D. Request for payment is:
Are the following correct:	Approved NOT Approved, further information needed.
Payment Request No. (II.A.)	
Grant Amount (II.B.)	
AIPP Amount (if applicable) (II.C)	Approver Signature Date
Funds Requested to Date (II.D.)	
Amount Requested this Payment (II.E.)	
Reversion Amount (If Applicable) (II.F.)	
Grant Balance (II.G)	
	ond)   STB (Severance Tax Bond) (II.H.) Which box was checked on REQUEST
FOR PAYMENT FORM?	
☐ Final Request for Payment (If Applicable) (II.I.)	
III. Fiscal Year:	
」FY 2019 (July 1, 2018 − June 30, 2019)	
Fiscal Year Correct?	
This is the <u>State Fiscal Year</u> not Calendar year.	
IV. Reporting Certification: I hereby certify to the best o	☐ Grantee Representative
IAD WILL NOT ACCEPT anyone signing for the Grantee	riscal Officer of Grantee Representative
is correct; expenditures are properly documented an	reby certify to the best of my knowledge and belief, the above information and are valid expenditures or actual receipts; and that the grant activity is in cico Constitution known as the "anti-donation" clause.
Supporting Documentation	
<b>Detailed invoice(s)</b> is required to match exactly the am	nount being requested on the Request for Payment form.
☐ Current copy of <b>Notice of Obligation(s) (NOO's)</b> attach	ned?
☐ Include a copy of the <b>front &amp; back cleared check from</b>	bank.
Attach a copy of the <b>Final Report</b> , if this is a final paym	ent These documents are required to
Attach a copy of the <u>current</u> updated CPMS report.	process the request for payment.
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Attach a Reversion Letter along with the Final Report if there is a remaining balance.	
Attach a copy of <u>completed checklist</u> to IAD with the Re	quest for Payment Form.
Completed by (Print) Sign	nature Date
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